STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINT! ames 3 SEX YEAR 1924 7a BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED WONTGOMERY Oklahoma USA WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY a Koma della INGTON 1 Safeway Inc Supervisor USUAL RESIDENCE 30 STATE Seat Pleasants X 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Geo 118 69th Street 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Ragland James T. Adams Martha 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) IIWW 218 18 1066 Juanita Adams/Wife Yes Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH be 18 CAUSE OF DEATH (Enter only one couse per line for to , the, ond ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 20 d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 206. IF YES, WERE FINDINGS USED br per IN CERTIFYING CAUSES OF DEATH? NOI YES [NO [urial-transit ental Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 0 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM ETC 1 STREET NOT WHILE 220.1 certify that (H (this hospital) and that in (my low) apinion death occurred on the date and hour and Iram the causes stated 27h SIGNA DEGREE TAL DATE SIGNED ATTENDING MEDICAL DIRECTOR THYSICIANT MPORTANT should be 23s. BURIAL CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION JIB DATE (SPECIFY) Suitland Md National 4-81 Washington 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE HMH - 16 50M 1/81 ADDRESS Suitland, Mo (VRA 15, 4) Robert E. Wilhelm Funeral Home

CALE OF DEAT WAS LOSTING

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE REGISTRAR DECEASED NAME 26 HOUR RUTH AINBINDER 6:15a. July 17, 1981 3 SEX 4 RACE 27. 1912 Female White Sept. 68 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED New York USA Montgomer 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12841 Lamp Post Lane Potomac Teacher (Ret) College DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13e. STREET ADDRESS Florida Dade No. Miami YES X 100 Bay View Drive 15 MOTHER'S MAIDEN NAME David Nude 1man Zali (unknown) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Middletown, N.Y. LYES NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! No 052-05-0332 Dr. David Ainbinder: #2 Albert Street 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Respiratory Failure Hours IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF Hepatic Coma Davs Conditions, if ony, which gove rise to immediate couse to, storing the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Liver Metastases - Carcinoma Months CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I entol Hygin 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.t certify that (1) (1XXXXXXX attended the degree of from _____ sow the deceased alive on and that in (my) (50) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL old be deto 7-17-81 PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS Leonard Wisneski, M.D. 6410 Rockledge Drive; Bethesda, Md. 23a BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY Beth David Cemetery Elmont, L.A. Burial 7-20-81 Rockville, Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Danzansky-Goldberg Chapels; 1170 Rockville Pike

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DEPAREMENT OF HEALTH AND MENTAL HYGIENE

4		REGISTRAR			CERTII	ICATE OF DEATH	REG	NO.		
1		CEASED NAME FIRST Harold		S. A	ARRIN		July		1981	26 HOUR 5:32A
	3 SE	Male	A RACE Negro	5. DATE OF BIRTH Aug. 20°1		of Birth g. 20° 1916 AR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	Pé	RTHPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	MARRIE WIDOWI	NEVER MARRIED DIVORCED	9. BALTIMORE CIT	OR COUN		MD.
	Ве	ITY OR TOWN OF DEATH	Natio	nal Naval	Med:	or other institution ical Center	120 USUAL OCCUP	_	nt) 126 KIND (INDUSTRY	OF BUSINESS OR Transit
	13a S		11A	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN a Spottsy	N	13d INSIDE CITY LIMITS?	Route 3,	SS	233	Co.
1		James Cr	MIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST Zephina	MIDDE		Arring	
	- (1	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES?	117 03 4		Rosa Arring		tem 1		XIMATE INTERVAL LONSET AND DEATH
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		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	YES NO		YES 🔀	NO []
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		220.1 certify that (1) (this hospi saw the deceased alive on abave, (1) (we) (did) (adding	tal) ottended the July 1	e deceosed fram <u>J</u> 6 19 8 ofter death.	1	nd that in (n) (our) apinian	, 10	16 dote and h	19 8I naur and from the	that (/ (we) last couses stated
		224 SIGNATURE LUCKE F. 224 PHYSICIAN'S NAME (TYPEO	1- Jack	Roy 115		DEGREE ATTENDING PHYSICIAN [MEDICAL S DIRECTOR PHY	TAFF SICIAN 😿		y 17.1981
	00.0	Joseph S.	HACKER,			National Nav		1 Cent	ter, Bet	hesda,Md.
	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	7-19-	81 Bra	nch I	Fork Church Ya				
	/4 FL	Thomasson's Fun			sa, V		L 24 1981	Than 25h as	ISTRAR'S SIGNA	Marth

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, cren

IMPORTANT: If Item 21 is marked or Item 18 shaws any

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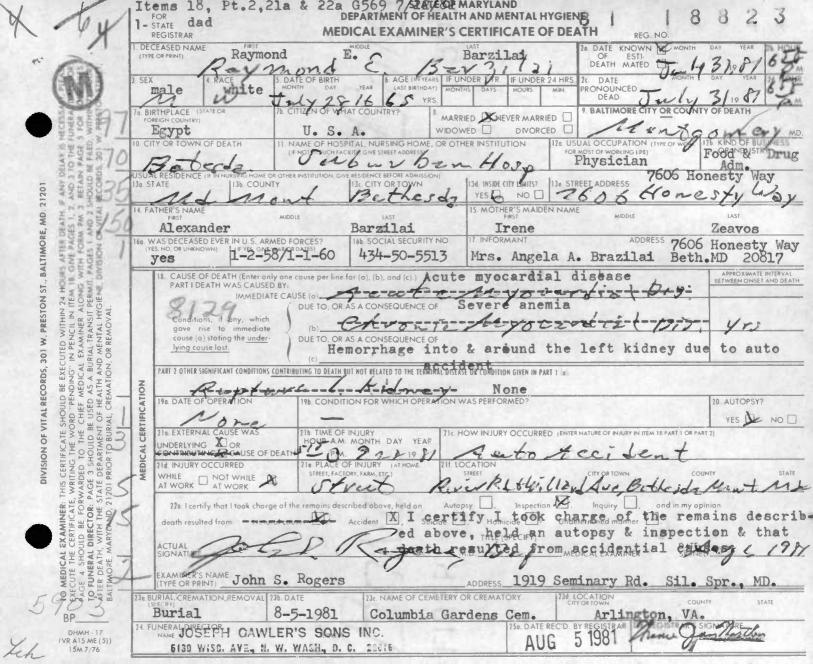
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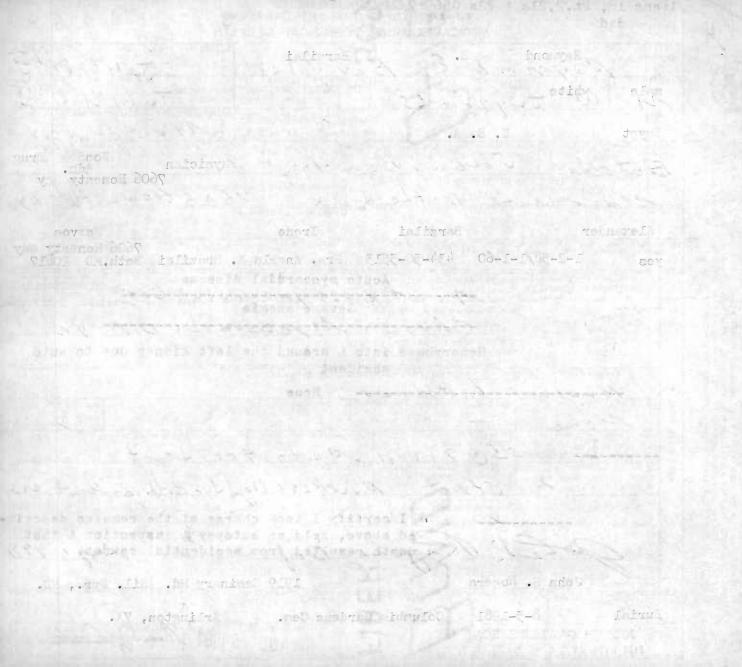
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED OUR FILES.
HIN 72 HOURS
ESTON STREET, C. Lois Balsam 81881 4 RACE 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED Feb. Female Cauc. 20.1913 DEAD 68 To BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRYS Virginia DIVORCED United States Montgomery County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) ES 1, 2, AND 3 TO PM 3. RETAIN P ND 2 SHOULD BE VITAL RECORDS, TO 13930 Travilah Rockville Road Secretary U.S. Gov't USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery 13930 Travilah Maryland Rockville YES TE Road GIVE PAGES 1, 2, VITH FORM PM 3. PAGES 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Benjamin Connick Matieda Wood DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO IYES, NO. OR UNKNOWN) Fred S. Balsam, Sr. (Husband) (IF YES, GIVE WAR OR DATES) 213-46-7201 No as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 INCOME. RECURE THE CERTIFICATE, WRITING THE WORD. "PENDING." IN PENCIL IN TERM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCHONG W TO FUNE AND EXAMINER ALCHONG W TO FUNE BY SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HYGIENE, DISBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE arcinoma of Liver Conditions ony, which gove rise to immediate couse (a) stoting the under-DUE TO OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 3 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY FARM FTC 1 CITY OR TOWN COUNTY AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME 7936 John G. Ball 01d Georgetown TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATEJULY 13 23d. LOCATION COUNTY STATE 0600 BURIAL Maryland Cedar Hill Cemetery 24. FUNERAL DIRECTOR Robert A. ADD Rumphrey Funeral **DHMH-17** (VR A15 ME (5) P.A. Rockville, Maryland 15M 2/80

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	ge 4 mo	3 SE	x Male	Caucasian		of Birth ine 12° 1899	6. AGE (IN YEARS LAST BIRTHDAY) 82	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	S 77 ho	3	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	USA	? 8 MARRII WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNT Montgomery	TY OF DEATH	MD
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DIVISIO	ENDING PHY tol or attending. OR: After this rruse os the bu Health and M	ME	while NOT WHILE 220.1 certify that \$\int_{1}\$ (this hosp	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (tal) ottended the deceosed from (July 16)	June	77	city OR TOWN	COUNTY 19 81	that (1) (we) last
	TAL OR ATT by the haspi RAL DIRECT detoched fo tate Dept. of		22b. SIGNATURE	vigo the body after death.	mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	
	TO HOSPITAL retained by the TO FUNERAL is should be deto with the State I IMPORTANT: II	22	THE PHYSICIAN'S NAME THE				al Medical Cente	er, Beth	esda, Md.
Les	BP DHMH - 16 50M 1/81	Bu	BURIAL, CREMATION, REMOVAL (SPECIFY) TIAL UNERAL DIRECTOR	m/a. 101		cademy Cemete	23d LOCATION CITY OF TOWN TY Annapolis Ar E REC'D. BY REGISTRAND AREA	nne Arun	del Md.
	(VRA 15, 4)	J	ohn M. Taylor F	uneral Home Ann	apolis	, Md.	21 1981 Janu	John Has	Elem

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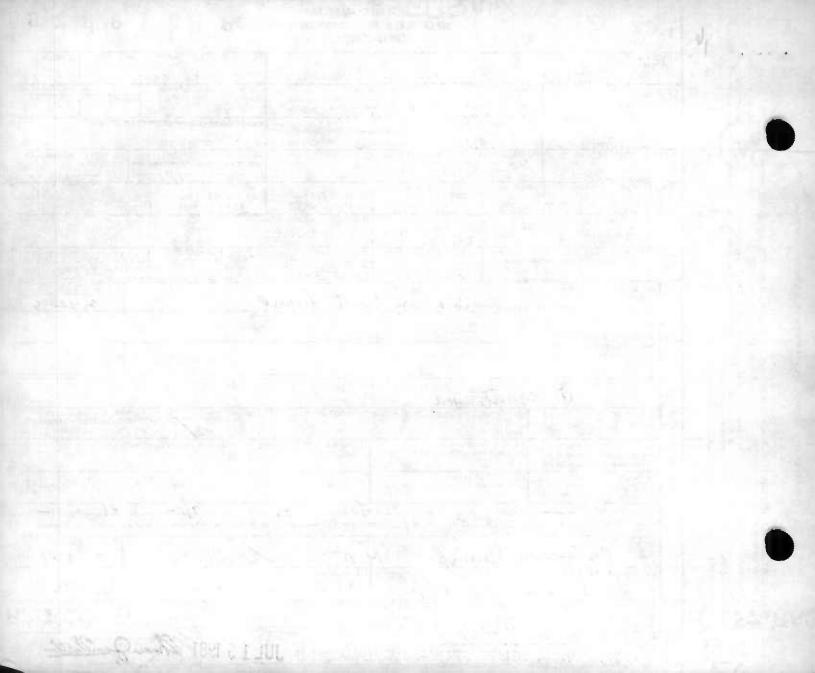
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OR hor		226 SIGNATURE	1:	0+			EGREE ATTEN	NDING _	MEDICAL STAI	F . /	220 DATES	IGNED
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DHMH - 16 60M 1/75	24 FI	INERAL DIRECTOR R	OBERT	A. PUM	PHREYEEUN	IERAL	HOMES.	250 DATE	REC'D. BY REGISTRAR		NESIGNATO	
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	16	1.	STATE REGISTRAR		DEPART	RENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	, 0	69 650	
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4 ma	te.	3 SE		4 RACE		5 DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY			MIN
age	rs af	1 0	MALE	CAUCAS		OCT 5, 1902	7.8	YRS		
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TIM te be	Page		VES W	WII	577-38	-5396 FREDERICK L.	THANE		MARYLA	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.	ermit.	CERTIFICATION	19a DATE OF OPERATION	1% CONDI	TION FOR WHICH	OPERATION WAS PERFORMED	_ IN	CERTIFYING CA	FINDINGS USED AUSES OF DEATH	H?
IAN:	ansit p I Hygie em 18	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN I	YES TEM 18, PART 1 OR PA	NO [_
OF V	al-trans ental H or Item		OR CONTRIBUTING CAUSE OF DE	ALL I	M. MONTH D	AY YEAR				
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OF at	Se as Healt 1 is r		22a I certify that (I) (this been	Pres.	-116	3/13/8/ 1981		19 8	, that (I) (w	e) last
ATT	for a		saw the deceased alive a above, (1) (we) (did) (did n	ot) view the body	after death.	and that in (my) (out) opinion	death accurred on the date o	ind haur and fro	om the causes stat	red
Hose B	Dept Dept		226 SIGNATURE	1.1. 11	- 0	DEGREE	MEDICAL STAFF	226.	DATE SIGNED	/
TAIT A	State ANT:		We you	you le	mus		MEDICAL STAFF DIRECTOR PHYSICIAN		7/13/8/	
HOSP sined by	H the boy		22d PHYSICIAN'S NAME (TYPE		ENRIE	22R ADDRESS 6450 WISO	CONSIN AVE., B	ETHESDA	, MARYLAI	ND
Teta CT	M W W	23n. E	SURIAL, CREMATION, REMOVA			NAME OF CEMETERY OR CREMATORY	234 LOCATION			***
, BP	5000		BURIAL	7/15	/81 3	ST. MARY'S CHURCH	CEM LÄÜREL	COUNTY	MARYLA	ND
Zeh DHM	/H-16 25M	24 F1	NERAL DIRECTOR FRAN	CIS J. C			TE REC'D. BY REGISTRAR 25		IGNATURE TO	
	15, 4) 1/79	5	00 UNIV. BLVQ.,	W., SILVE	R SPRING,	MARYLAND 20901 J	UL 1 5 1981	C.	The second second	



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Bellman Lena DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Mar. 17, 1903 19 81 Female White DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH OREIGN COUNTRY MARRIED NEVER MARRIED NEW YORK U.S.A. WIDOWED TO DIVORCED Montgomery County 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 16th Street, #103 HOUSEWIFE Silver Spring OWN HOME 136 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 8484 - 16th Street, #103 Silver Spring YES X Montgomery NO [WITH FORM PM 3. IT. PAGES I AND 2 SH DIVISION OF VITAL R 15. MOTHER'S MAIDEN NAME MOLLY (UNASCERTAINABLE) 10320 TNWOOD AVENUE, 17. INFORMANT 577-34-8869 LARRY BELLMAN, SILVER SPRING, CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditians, if any, which ED AS A BURIAL - TRAN HEALTH AND MENTAL IL, CREMATION, OR RE hypertensive heart disease. Years rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR None YES 🗌 NO DO DEPARTMENT 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH None 218 PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK CITY OR TOWN TO MEDIC.

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PAGE 4 SHOULD BE FOR...

TO FUNERAL DIRECTOR: PA

*FIRE DEATH, WITH HIS ST.

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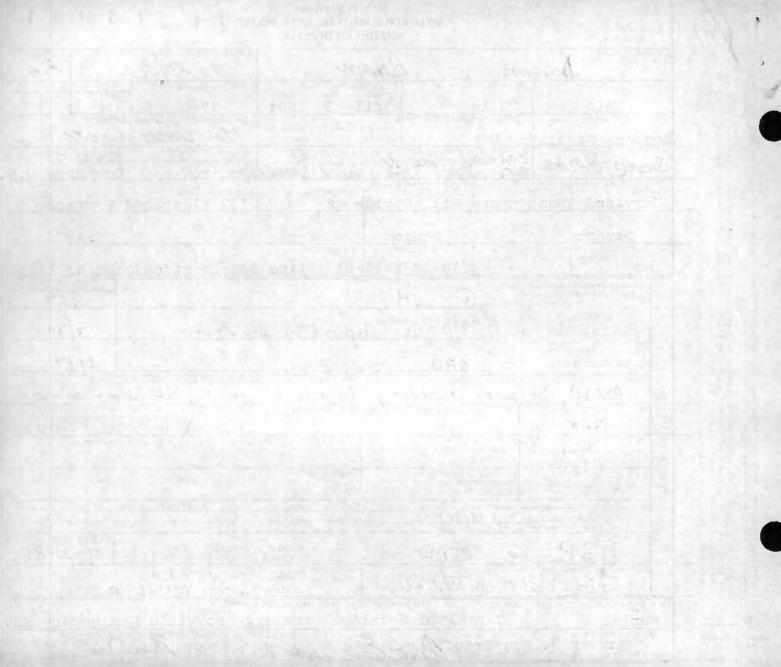
AFTER DEATH ST.

AFTER DEATH, WITH ST.

AFTER DE 220 I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Natural causes X Suicide Undetermined manner TITLE (SPECIFY) ACTUAL 7/24/81 Deputy SIGNATURE MEDICAL EXAMINER SIGNED 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery, Md. 230. BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 13c. NAME OF CEMETERY OR CREMATORY BURTAL JULY 24, 1981 LEBANON CEMETERY ADELPHI, PR. GEORGES, MARYLAND 24DONALDROMIORSTEIN HEBREW MEMORIAL FUNERAL HOME **DHMH-17** 232 CARROLL STREET, N. W. WASHINGTON, D. C. (VR A15 ME (5) 15M 2/80

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7	FOR STATE REGISTRAR			ER'S CERTIFICATE	OF DEXTH	1 8 G	3 3 2
	DECEASED NAME (TYPE OR PRINT)	Daniel	NMN	Berhanu	78 DATE KNOWN OF ESTI- DEATH MATED		-
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TO THE PROPERTY OF THE PROPERT	BIRTHPLACE (STATE OF FOREIGN COUNTRY) Ethiopia CITY OR TOWN OF D	Ethi		8 MARRIED NEVER MAR WIDOWED DIVOR	CED Montgon	nery Cour	
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AND AND IS	Maryland	13b. COUNTY Montgomery	ON, GIVE RESIDENCE BEFORE ADMISSIN ROCKVILLE	13d. INSIDE CITY LIMITS? YES ₹ NO □	214 N. Adan	s Stree	t
- 0.4	Berhanu	MIDDLE	Tebeje	Shikete	mash		dachew
DIVISION OF VIT	S. WAS DECEASED EVI (YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY Yes		ash Erdachew	Same a	s item a-e
PENDING IN FERT. IN THEM HIEF MEDICAL EXAMINER ALONG USED AS A BURAL-TRANSIT PERMIT FERMIT OF HEALTH AND MENTAL HYGENE. CREMATION, OR REMOVAL.		immediate (b) DUE TO	D, OR AS A CONSEQUENCE C	OF NAL DISEASE OR CONDITION GIVEN IN I	PART I (a).	t	
THE CHIEF A LD BE USED A RENT OF HEA BURIAL, CREA	190. DATE OF OPE		ONDITION FOR WHICH OPER	ATION WAS PERFORMED?		21	0 AUTOPSY? YES \(\sqrt{NO} \)
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21201 PRIC			t, FACTORY, FARM, ETC.) Lake	Needwood Par		Montgo	
RYLAND,	220. I certify the death resulted fro	at I took chorge of the remain	CVI.	Autapsy , Inspect cide , Homicide TITLE (SPECIFY)	ion , Inquiry , Undetermined manner [and in my opinio	7/14/1981
TO FUNERAL DAFER DEATH, AFTER DEATH	EXAMINER'S NAM (TYPE OR PRINT)	John G.	Ball	ADDRESS 7936	Old Georget	own Rd.	Beth., Md.
)M 1/73 2	Burial FUNERAL DIRECTOR	TINOT MITCE	Gate of Ler Funeral H	Heaven Com	73d LOCATION CITY OR TOWN Silver Spri EREC'D, BY REGISTRAR 736	COUNTY	STATE Md.
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district SIN X 2010 Files II 1917 13 Admiron Vienogiack 2 Ethioping Risoln's Tockville Securod Lake Locaci duelica Maryland Montgomery Rocaville x 214 W. Adma Street Serkanu Tebeje Shiketemah Lindachev Yes Salke emask ordechew Same an item new They E synt od wat we have because reltord blo -miting Is SI 7 CH: Lake Recawood Park Rucaville Montgopery Md.

John D. Ball

7936 cld Georgetown ad. Toth., Ad.

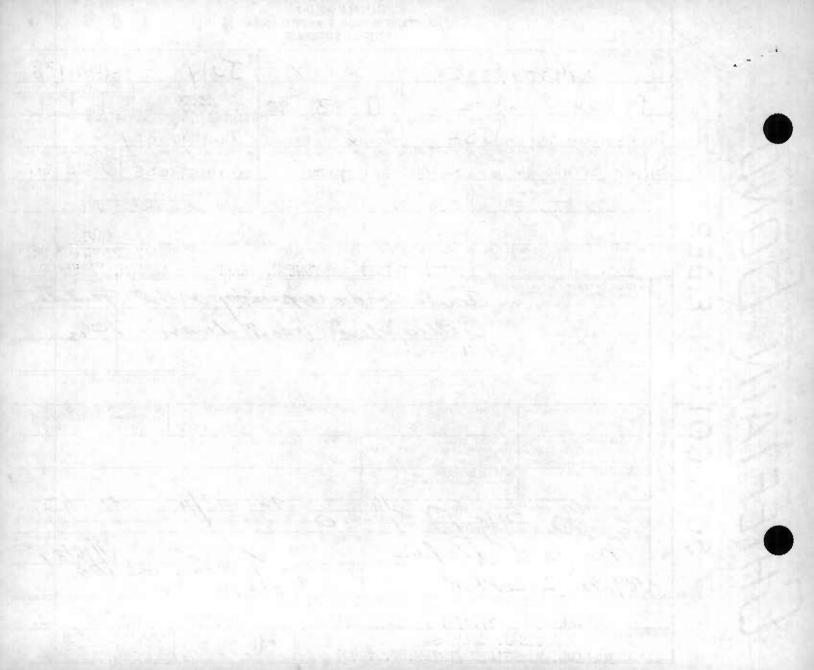
Burial 7/10/ol date of Meaven der. Silver arriag Mont. No. 1051 Nos ville Fixe Rockville, Maryland

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deoth. P	To BIRTHP	ZYLAND	UNITED ST	MARR WIDON			ONTGOM	CRY COUNTY	UTY MD.
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IIMORE, on and co	160 WAS E		RMED FORCES? 166 SCIVE WAR OR DATES) 57	OCIAL SECURITY NO	17 INFORMANT 810 ELM		IN BADDE		0012
DS, 201 W. PRESTON ST., B quires that the death certifica signed by the attending phys hen please remove carbanpag to bural, cremation, or remove ijury, or other traumatic event,	Con go cou unc	AUSE OF DEATH. Enter of ART I. DEATH WAS CAUS! IMMEDIA Inditions, if ony, which re rise to immediate se ioi, stating the lerlying couse last.	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c)	CONSEQUENCE OF	My or an	deal HE TERMINAL DI	In for	Mon 1	DOXIMATE INTERVAL EN ONSET AND DEATH 2 D ay .
AL RECORDS, he low require on. has been sign thermit. Then the prior to be own sony injury.	CERTIFICATION 190° [PATE OF OPERATION	196. CONDITION F	OR WHICH OPERAT	ON WAS PERFORMED	20e YES	AUTOPSY?	NO. IF YES, WERE FINING CAUS	DINGS USED SES OF DEATH? NO
DIVISION OF VITAL NG PHYSICIAN: The offending physicion has the this certificate has the buriol-transit phond Mental Hygier than and Mental Hygier phond mental B show arked or them 18 show	OR C	ACCIDENT WAS UNDERLYING ON PROUTING CAUSE OF DEETHER NOTIFY MEDICAL EXAMINE DURY OCCURRED	P.M. 21e. PLACE OF INJU	ONTH DAY YEA 19 URY	211 LOCATION	OCCURRED (EN		NITEM 18 PART I OR PART 2	
DIVISION PROPERTY OR: After the rose os the Health and After the results and Health and	22 o. I	certify that (1)/(this hosp	oital) attended the decea	627	2 2 19. ond that in (my Kour) o	SI, to,	CITY OR TOWN	19.87	, tho (I) (we) lost
by the hospin by the hospin leral DIRECT se detoched for State Dept. of ANT: If them 2	226/	sow the deceosed alive or obove (II) we I did (I did no obove) the III of the	Crow	mycell	DEGREE		ICAL STAFF	221 DA	TE SIGNED
O HOSPITA etoined by JO FUNERA should be de with the Stot			MWELL, M.D.				NTIST HOS	SP TAKO	MA PARK, MD
DO DO	230 BURIA	L CREMATION REMOVAL	and the same of the same		CHAIM	TORY 23d.	BAŁTIMOR	E COUNMAI	RYLAND
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7	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS			UTION	12a USUA	AL OCCUPAT	-	12h 1	CIND OF I	BUSINESS OR
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Arthur 2 s S	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S M		E					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours cattending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill than and Mental Hygiene prior to burial, cremation, or removal.		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	166 SOCIAL SEC	URITY NO.	17. INFORMANT	SON		ADDRI	6407	BRIC	3HT LE	A DR.
Poo e		NO		577_1	7-782	CHIVAII	NE R.	BERRY			AM. A		
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de d		Conditions, if ony, which	(b)	nou	2000	isc 1	reory	10	isus	7	1	ne	
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Sician: The ng physicio certificate burial-tronsit entol Hygie frem 18 sho	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY		21c. HOW INJUI	RY OCCURRE	D (ENTER	NATURE OF INJUS	RY IN ITEM TO	PART LORP	ART 2)	
Phys Phys Phys Phys Phys Phys Phys Phys		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH	DAY YEAR								
SICLA NG P P Certification of the principle of the princi	S	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P	.M.	19								
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91		SPECIFY)					EMATORY	C	ITY OR TOWN		COUNTY		STATE
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DHMH 14 30M 2/80	24. Ft	JNERAL DIRECTOR TO ALIC	TO T O	DILTHE			25a. DATE	REC'D. BY	REGISTRAR	256. REGIS	TRAR'S S	GNATUR	E
DHMH-16 30M 2/80 (VRA 15, 4)		NAME FRANC		OLLINSORESS			25a. DATE	REC'D. BY	REGISTRAR	25b. REGIS	TRAR'S S	GNATUR	£ 0



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21201 AAND 3 RETAIN PETAIN PET	MD.		13b COUNTY MONTG		13c. CITY OR TOWN		+	○□ 75	EET ADDRESS IS HONEST	Y WAY		
	AN 16e. WAS	R'S NAME FIRST VDREW DECEASED EVER	R IN U.S. ARMEI	O FORCES?	BERTKE 166. SOCIAL SECU	RITY NO.	FLORE 17. INFORMANT	NCE	MIDOLE	RESS	O KEEF	E
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TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	AC SIG	22a I certify that eath resulted from TUAL SNATURE AMINER'S NAME PE OR PRINT)	Mayo	touses XX	Accident	SuicideA	Hamicide TITLE (SPECIF	ent MED	Inquiry	ond in my op , DATE SIGNE	7-1	.8-81
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1-5 com mornios de maria de 1-au for the Control of th The Company 1881 IS MILE ST. I. T. W. S. T. T. S. T

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	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND JEALTH AND MENTAL HYG JCATE OF DEATH	IENE 8	18838
ay be	(TYPE	CEASED NAME Anna	VA C.	Biou	Bidwick WICK	N DAIL OF DEATH	7-26-81 10 15 PM
ge 4 m	3 SE	Female	white	5. DATE (6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS UAYS HOURS MIN. YRS.
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by meth	5	TY OR TOWN OF DEATH	HOLU CR	OSS /tz	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Housewife	WORKING LIFE) INDUSTRY
ly filted in should be rer gust be	13a S		other institution give residence the commercy 13c City of Sil	R IOWN Spg.	134 INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS 209 Dale D	r.
omplete and 2	4	IEIL	MIDDLE SW	eeny	15. MOTHER'S MAIDEN NAME Mary h	MIDDLE	Brennan
be execu		AS DECEASED EVER IN U.S. AR. ES NO OR UNKNOWN) NO 10 0	E WAR OR DATES)	32-8598	Albert Bidwi	ADDRES	ume as item 13.
h certificate ding physici arbanpaper ar remavol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (b). D BY. E CAUSE (b) DUE TO, OR AS A CON	TUTICOUENCE DE	ackinoma o	Pg4/161	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
i that the death or d by the attendin lease remave carb ial. cremation, ar or other traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OR AS A CON				
equires in signe Then p r to bur injury,	NOIL	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or cond	DITION GIVEN IN PART 1 (D
The law racion. Te has been sait permit. Splene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SICIAN: rg phys certifica rial-trat ental H)	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21¢ HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART 2)
DING PHY; or attendir After this e as the bu olth and M marked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
ATTENDI Spital as CTOR: A far use . of Heal		12s.1 certify that (I) (this haspit saw the deceased alive on above II) (we (bld) an a	10001		nd that in (my) (our) opinion o	death accurred an the do	te and hour and from the causes stated
by the haby		776 SIGNATURE	Muly	7 94	ATTENDING PHYSICIAN	MEDICAL STAFF	
To HOSPITAL Ceromed by the TO FUNERAL Should be deter with the State IMPORTANT: I		274 ON VU	D. Mal	Myey	1030 (Roy a Au	e. Solve Spring My
40/ BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial	July 30,198	St. Mas			
DHMH - 16 50M 1/B1 (VRA 15, 4)	74 FL	NERAL DIRECTOR Joseph NAME 5130 Wisc.	Ave. N.W. Wa	Sh., D.C.	DL 23 DATE	NEC'D BY REGISTRA	REGISTAR'S SIGNATURE

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78.5	EX 4.	RACE	5. DATE OF BIRTH	1.9.2 ⁵ 2 6. AGE	THOAY MONT	DER 1 YR. IF UN	DER 24 HRS. 2c	DATE		MONTH	DAY YE	7:22
1		White	May 22X		YRS.			DEAD	CATH OR	7/8		P. M
7	PRTHPLACE (STAT		70. CHIZEN OF V	VHAT COUNTRY?		ED NEVER M.	ARRIED	BALTIMORE	_			
	shingto		US	A DSPITAL NURSING H	WIDOW		ORCED	Mont	gomer	y Co	unty	MD.
			(IF NOT IN SUCH I	FACILITY, GIVE STREET ADDR	ESS)		FORMO	OST OF WORKING	LIFE)		OR INDU	STRY
US	Silver Sp	ring IN NURSING HOME O	8715 OR OTHER INSTITUTION.	First Aver		16D	New	s Sta	nd])	News	Stand
130	STATE	13b. COUN	TY	13c. CITY OR TOV	/N	134. INSIDE CITY LIMIT		T ADDRESS	A		41.7 (5	
-	FATHER'S NAME	Mon	tgomery	Silver	pring	YES NO		First		iue,	#4TPD	
10	harles	Е	MIDDLE	Boggs		Cather		H .		Coll	bert	
	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SEC	JRITY NO.	17. INFORMANT	THE		DDRESS	COTI	pert	
	Yes, NO, OR UNKNOW!	N) (IF YES, GIVE	WAR OR DATES)	577-22	-0725	Wife; J	ulia B	oggs	sa	me a	as 13	e.
F	18 CAUSE OF	DEATH (Enter on	ly one couse per lir	ne for (o), (b), and (c).							APPROXI	AATE INTERVAL
	PARTIDEA	TH WAS CALISE	D RV.	cute myoc		disease					BEIWEEN O	NSET AND DEATH
	1429	1	DUE TO, O	R AS A CONSEQUEN	ICE OF		200	48				
		if any, which	(b) C	hronic my	cardia	l diseas	e.				2 y	ears
		ating the under-		R AS A CONSEQUEN		E TYPE			-14.8			
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ORE, MD.	14 FATHER	SNAME ST	Booze	MIDDLE		LAST		F	ER'S MAID	ENNAME	Jyl.	MIDDLE		ooze	LA		
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, THE FORM PM 3: PAGES 1 AND 2 SIS WISION OEVITAL	160. WAS DI		ER IN U.S. AR	MED FORCES? WAR OR DATES)	1	-92-7		17. INFOR	THAN		(Y)	ADDR 3118	ESS]	or.	#3	ig I	Pine
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, IF MEDIOCAL EXAMIRER ALONG WITH FORM PM 3. ED AS A BURIAL. "RANIST PERMIT PAGES 1 AND 2.8; HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL. IL, CREMATION, OR REMOVAL.	PART I	anditions, if gave rise to ause (a) state ying cause la	MAS CAUSE IMMEDIA f any, which a immediate ing the under- st.	TE CAUSE (a) DUE TO, OR	As a con	hma NSEQUENCE C	F	E OR CONDITIO	N GIVEN IN PA	ART 1 (0)					BETWE	EN ONSE	INTERVAL
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO AUTHOR AND HIRESTORY AFTER DISECTORY BELTIMOSE, MARYLAND, S.	ACTL SIGN	th resulted fr	om: Natu	ge of the remains described for a causes X,	Accident	Suite Suite	Autop	Hamid	Inspection in the Inspection i	Undete	Inquiry	nanner].	ATE		-17	-81
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	STATE OF MARYLAND
	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE S STATE REGISTRAR CERTIFICATE OF DEATH
	REG. NO.
° wŧ	(TYPE OR PRINT)
oy be	July 21, 1981 A RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LAR IF UNDER 24 HRS
# Page	MONTH DAY YEAR MONTHS DAYS HOURS MIN.
Sun dia	76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH
€ (V)斯 打石	COUNTRY) MARRIED NEVER MARRIED
	Pennsylvania United States widowedy Divorced
5 4 17 GH	STHS CA (IF NOT IN SUCH FACKITY, BLYESTIEST ADDRESS) AA (ITYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY
2 2 2 0 .	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
ND 2	The state of the s
YLA Ithin	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME
MAR ed w	FIRST MIDDLE LAST FIRST MIDDLE LAST LINKNOWN Orgle Barbara Deitz
ond con uges 1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
Mo o o o o o o o o o o o o o o o o o o	(YES, NO OR UNKNOWN) (IFYES, GIVE WAR OR DATES) NO 217-52-7255 James Bosco (Same as 13e)
BALTI ote b ote b rsicior opers.	
The special state of the speci	18 CAUSE OF DEATH lEnter only one couse per line for (o), (b), ond x) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 18 ROVAS CULAR APPINATION OF THE WINE ON ONE STAND PEATH IMMEDIATE CAUSE (o) 18 ROVAS CULAR APPINATION OF THE WINE OF THE PROPERTY OF THE WINE OF THE PROPERTY OF THE
or bo	4360 DUE TO, OR AS A CONSEQUENCE OF 100 01.
death death	Conditions, if any, which (b)
V. PR	gave rise to immediate couse (a), stating the DUFTO OR AS A CONSEQUENCE OF
thot thot bose ol, cr	underlying couse lost.
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low low some string of the str	190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)
TALR The locion.	YES NO NO
DF VITA JAN: 11 physicia hifcote hifcote Jeronsii TEE	OR COLUMN TALLO DE CALUES DE DECENIO DE HOUR A.M. MONTH DAY YEAR
SICI ing I	UF EITHER NOTIFY MEDICAL EXAMINER) P.M. 216. PLACE OF INJURY 216. INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM LE) STREET CITY OR TOWN COUNTY STATE
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirer offending physicion. Wher this certificate has been signs the burol-transit permit. Then this and Mental Hygierle prior to be orked or them Testingwareny injur. Trancets	21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION 21
	AT WORK AT WORK
ATTEND spitol o spitol	220.1 certify that (1) (this hospital) attended the deceased from 19 to
R ATTI hospit RRECTG hed foo ept. of tem 2]	226. SIGNATURE 227. DATE SIGNED
0 = 0 0 0 E 0	ATTENDING MEDICAL STAFF 7/5/1/
PITAL by the ERAL State ANT:	PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN S NAME (TYPE OR PRINT)
O HOSI TO FUN Should b	Thos G. WARD ONG ROLLING Bethere
100 5g 5 g g A	236 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 236. LOCATION
BP	BURIAL 236 DATE July 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION CITY OF COUNTY STATE COUNTY STATE COUNTY STATE
DHMH-16 30M 2/80	24 FUNERAL DIRECTOR ROBORT A PLIMPINGUES FUNDING THE TOTAL PROPERTY OF THE PRO
(VRA 15, 4)	P.A. Rockville Maryland Homes, JUL 29 1981

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Bethesda, Maryland

- STATE

TYPE OR PRINTS

(VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2h HOUR Dowen IF UNDER 1 YEAR IF LINDER STHRE BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12h KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Auto 7620 Maple Avenue Vickers 3514 Calvend Ln. Kensington, Md APPROXIMATE INTERVAL 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY ond that in (my) (and) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN

male Cautharies 12, 1967 wramerine ton D. C. Thriteen States at the Control of the Control Sarviand Hontenousy Takena Fl. w . . 75.10 Saola Avenue . mil Benydeb Alek . defentement relief to the relief Remarkation, The Lincoln Cometages Signanaburg, Narratelli Robert A. Fumphrey Functal

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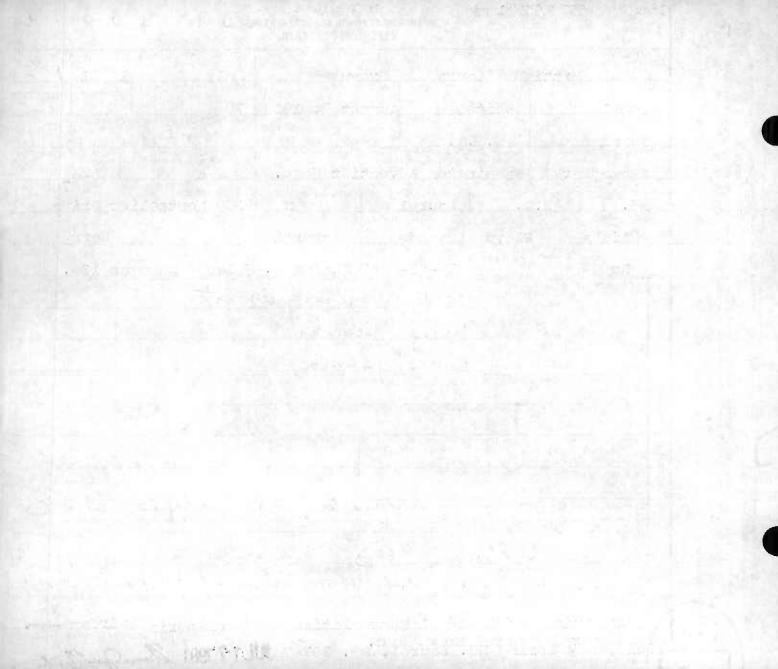
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Culpepper, Virginia

24 FUNERAL DIRECTOR

Clore Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4)

MARKET P. 1984 Parties

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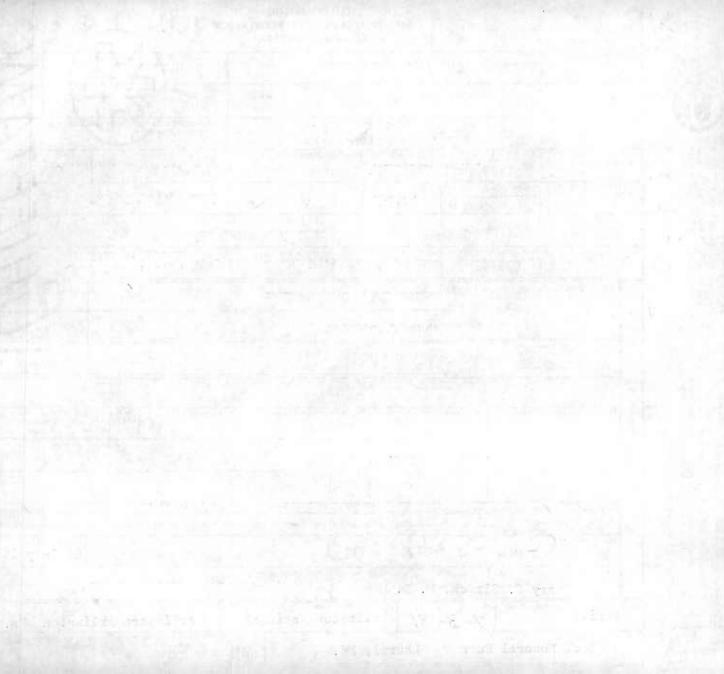
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		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 23c A	NAME OF C	emetery or crematory ton National	Arlington		
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AL RECORDS, on. on. thos been significant. There per on the perior to the constant of the c	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFO	DRMED	200 AUTOPSY?	IN CERTI	S, WERE FINDINGS FYING CAUSES OF	S USED DEATH?
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O THE STATE OF	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		ZIF LOCATION		CITY O	RIOWN	COUNTY	STATE
No or		22a. I certify that (I) (shis hospi	ral) attended the deceased from_	81	15	. 1981	, to	16		t (1) fuer lost
4 % M. D =: E		obove, (I) (we) (did) (did inc	Sti view the Body after death.		EGREE	(par) opinion	death accurred on th	e date and hou	22c, DATE SIG	
, <u>F</u> , O , –		Mele	Buch		mo "	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [7/1/18	16
O HOSPITAL TO FUNERAL Should be desired by the Fourth of State With the State MAPORTANT.		220. PHYSICIAN'S NAME (TYPE O	3 BRACE		120 ADDRES	o Care	POLL AVE	TAnon	· A Pr Ma).
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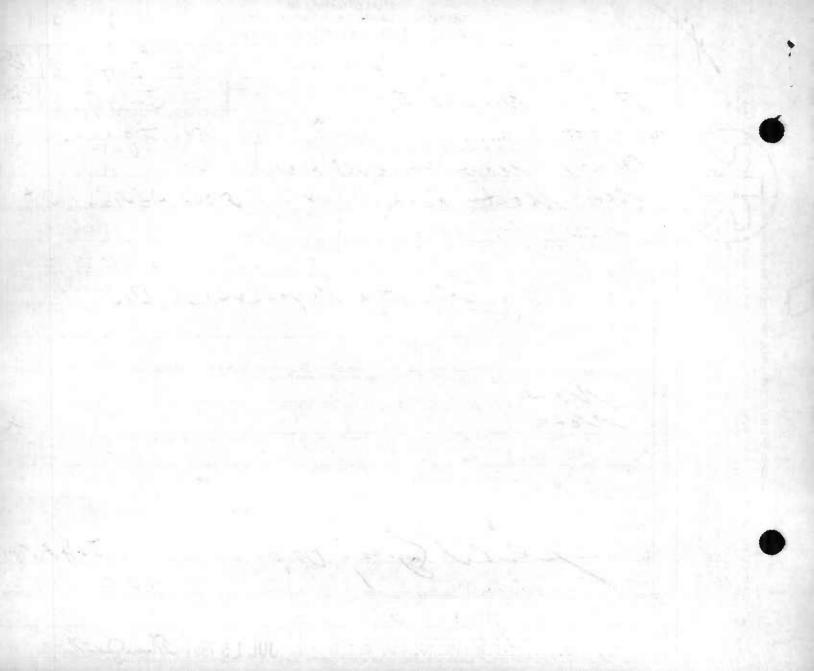
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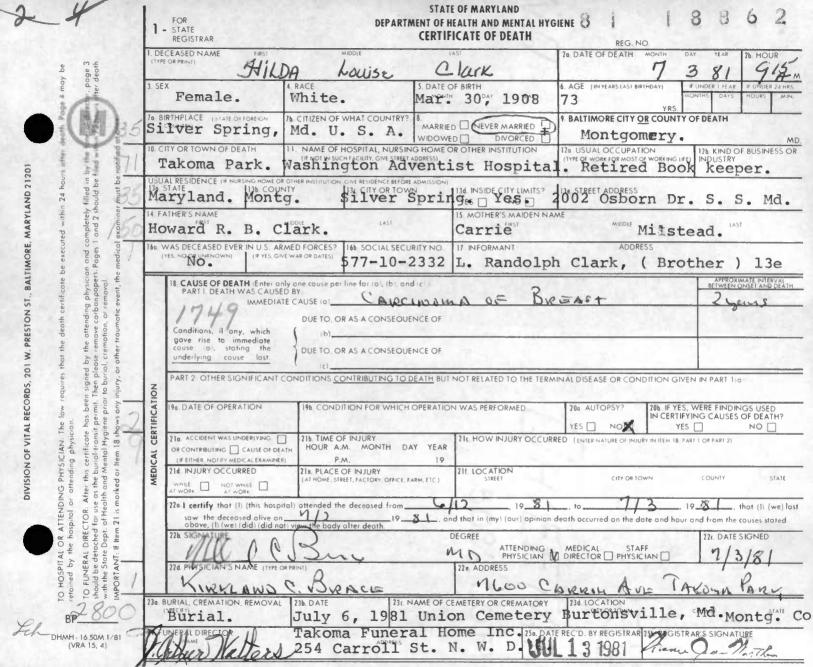
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN | MONTH TTYPE OR PRINTI DEATH MATED & AGE (IN YEARS | IF UNDER 1 YR SEX IF UNDER 24 HRS 2c DATE PRONOLINCE DEAD 9. BALTIMORE CITY 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED United States labama Secretary IRS 13d. INSIDE CITY LIMITS? YES 15. MOTHER'S MAIDEN NAM Bowman Chalker Lee Minnie Roscoe 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 3515 ADHarrell 577-60-1938 Ralph C. Wilton No Wheaton. Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions if ony, which gave rise to immediate cause (o) stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If LOCATION 21e. PLACE OF INJURY (AT HOME. STREET STATE STREET, FACTORY, FARM, ETC.) COUNTY CITY OR TOWN WHILE NOT WHILE Inspection I 226. I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion death resulted fram: _Notural couses Homicide Undetermined manner Accident TITLE (SPECIFY) Seminary Rd. Silver Spring, Maryland TYPE OR PRINT) ADDRESS_ John S. Rogers 230. BURIAL, CREMATION, REMOVAL 23b. DAugust 23c. NAME OF CEMETERY OR CREMATORY STATE Rochester Cemetery Rochester, Illinois
Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR'S SIGNATURE DHMH - 17 Bethesda, Maryland VR A15 ME (5)) 15M7/76

Distinct Stants to Soling . A. A. Larve U.S. (2) M. Des Laval . salasgo . selles . complete . Marrid and . OH WEST STREET, SERVE Horida : 1951 | Tochenter Conscer | Rechescer | Illinois | Rocker | Nobert | Rocker autotical e l'application de standard de la research 7 Course and a subject of the second se

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	V	11	REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF DEAT	H REG. NO.	
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12.00	Wasas		STELL	A	2 CLAI	+ANE	OF ESTI-	0 A1/20
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	NRY, PLEASE DIRECTOR. OUR FILES. ON STREET,	3 36.	T NACE	MONTH DAY	YEAR LASTACTHDAY) MONT		ONOUNCED - /.	0 11/26
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	0 4 = 0 /	70. B	IRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF W	'HAT COUNTRY? 8. MARR	IED SNEVER MARRIED [9.	BALTIMORE CITY OR COUN	ITY OF DEATH
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	者が発展する	10. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR OTH	ER INSTITUTION 120. USUAL	OCCUPATION (TYPE OF WORK	176 KIND OF BUSINESS
	300000	7	Olnay	I Same	ACILLY, GIVE STREET ADDRESS)	1 2/ KAD HOU	SEWIFE	OR INDUSTRY
-	26398		AL RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, G	TIVE RESIDENCE BEFORE ADMISSION)			
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WD.	S 1, 2, PM 3. 4D 2 S	T4. F.	ATHER'S NAME	MIDDLE	LAST	TS. MOTHER'S MAIDEN NAME	MIDDLE	TAST
m,		1	WILLIAM	L.	RIPLEŸ	ALICE	***************************************	TRUMBULL
WO	ST S S S	16a \	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
BALTIMORE,	S AFTE GIVE ITH FO PAGE IVISIO	1	ES, NO, OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	022-12-9243	JAMES H. CLAH	ANE SAME A	S 13 HUSBAND
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W. P	MINE MINE TRAP		gave rise to immediate	(b)				
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2,7	TON THE PARTY OF T			(c)				
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DI V	ARIDE ARDE OF 3	X	WHILE NOT WHILE TAT WORK	STREET, FAC	TORY, FARM, ETC)	STREET C	ITY OR TOWN CO	DUNTY STATE
	PAC STA		AT WORK AT WORK					
	A S S S S S S S S S S S S S S S S S S S		22a. I certify that I taak charge	of the remains de	scribed above, held an Autop	sy , Inspection	Inquiry L, ond in my a	pinion
	MER TEX		death resulted fram: Noture	ol couses .	Accident Suicide	, Hamicide Undeterm	nined manner,	
	AA WEER		ACTUAL	00	11/	TITLE (SPECIFY)		7 1, 0, 100
	AHONE" -		SIGNATURE	51	1 ages N	.D. /De p > MEDICA	L EXAMINER SIGN	ED 12/4 1/9/1
	PEA SI	-	EVALUE IEDIC ALIE		01			
	IO MEDICAL EXAMINATION OF TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY		(TYPE OR PRINT)	OHN S. RI	OGERS /	ADDRESS_ 1919 SEMI	NARY RD., SILV	ER SPRING, MD.
23	5225548_	23a.B	URIAL, CREMATION, REMOVAL 23	b. DATE	23¢ NAME OF CEMETERY C	R CREMATORY 23d. LOCA	TION	INITY CALLS
00	BP		BURIAL	7/11/	81 GATE OF	R CREMATORY 13d LOCA CITY OR T	.VER SPRING	MONT STATE MD.
20		24. F	UNERAL DIRECTOR FRANC	IS J. CO.		250. DATE REC'D. BY RE		
Ch_	DHMH - 17 (VR A15 ME (5))	50	O UNIV.BLVD., W.	STIVER	SPRING. MD. 2090	1 .101 15	1981 Manu Q	an Mastle
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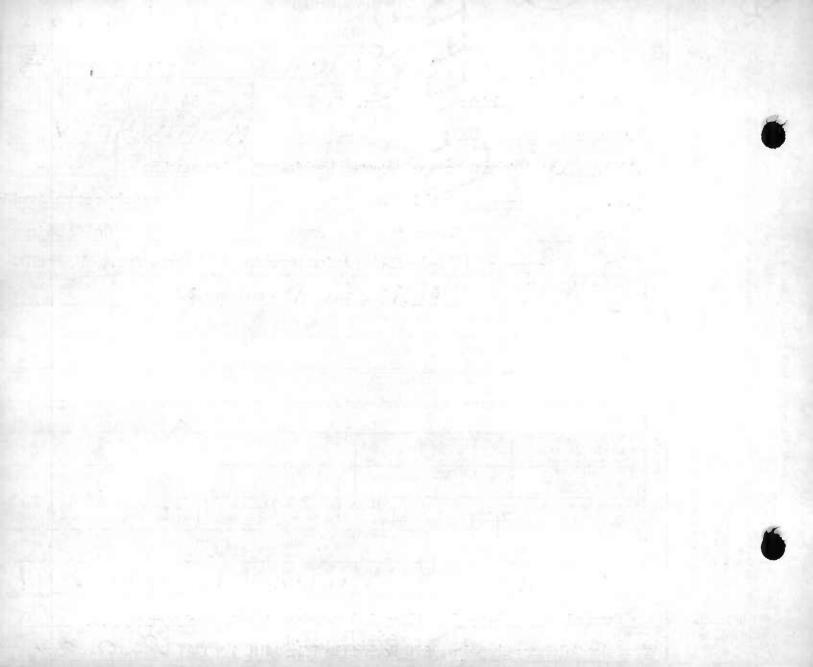
requires that the deoth certificate be executed within 24 haurs ofter deoth. Page 4 may be

STATE OF MARYLANI DEPARTMENT OF HEALTH AND MEI CERTIFICATE OF DE	NTAL HYGIENE B	ì	8	8	6	3
CERTIFICATE OF DEA	REG. NO					
DDLE LAST	2a DATE OF DEATH MOR	NTH .	OAY	YEAR	26 HOUR	2

H	1	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 8 CERTIFICATE OF DEATH REG. NO.							
/		E OR PRINT) LEONO	rd A.	11	vk	AST	20 DATE OF DEATH	7-20	0-81	8 20 M	
1	-	nale	1 RACE Whit	:e	5. DATE C		AGE (IN YEARS LAST BI		FUNDER I YEAR	HUNDER 24 HRS	
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e notif	Ta	akoma Park	Washing	ton A	dvent	ROTHER INSTITUTION tist Hospit	120 USUAL OCC AS (1796 OF WORK FOR MOST) al Ret.Mn	OF WORKING LIFE	126 KIND OI INDUSTRY Bankir	BUSINESS OR	
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e medico		NAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES GIVI	LATER OF DATE	79-01-		Katherine	Clark-wif				
event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y ane cause per line D BY: E CAUSE (a)	for 101, (b), ond enal	Failer	re				MATE INTERVAL INSET AND DEATH	
roumofic		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS			Heart Dis	2236		10	years	
or other		couse (a), stoting the underlying cause last		ucinom	2 04	Kidney			5-6	yrs	
y injury.	NOIL	Arterioscheratic	Heart Dis	ease - C	ongest	is Heart Failu	e - Intesti	irel ol	bstructi	0~	
2 2	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			OPERATION	N WAS PERFORMED	YES NO	IN CERTIFY YES	Tanada .	GS USED OF DEATH? NO	
hem 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	P.M.	MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT OR PART 2)		
orked or	WED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F.			211 LOCATION STREET	CITY OR TO		COUNTY	STATE	
n 21 is m		220 I certify that (I) (this hospit saw the deceased alive an above (I) (we) Odid) (did not	1 /	12	1.4	d that in (my) (our) opinion of	eath occurred on the d	ote and hour		hat (I) (we) lost auses stoted	
LT. If He		JE SIGNATURE	Sy		1		MEDICAL STA	FF CIAN []	7-20		
MPORTANT: IF		ROBERT B.	TREY			11161 New t	tempshire	- Ave	. Silve	r Spring	
<u> </u>			23b. DATE on 7-21-	-81 Me		olitan	23d LOCATION CITY OF TOWN	ria l	Alex.,	va.	
/B1	24 Ft	434 Ga. Ave.	mphrey, S.S. M	Inc	entho	Ealum 250. DAT	UL 2 3 1981	736. RESTR	AR'S SIGNATI	Martha	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physicion. DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR



	I.	tems #23a-24 per	phone call	W/Fun State of Maryland		
8		FOR Home 7/23/81		PARTMENT OF HEALTH AND MENTAL HY	GIENE 8	8 3 6 5
		REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	
e ω τ		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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000	7a. Bi	RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COU	July 15, 1900	9 BALTIMORE CITY OR COUNT	OFDEATH
de orh		liRgiNia	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgon	rery MD
J J J	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR FE) INDUSTRY
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ond c		(AS DECEASED EVER IN U.S. ARME ES NOTOR UNKNOWN) (IF YES, GIVE W		SECURITY NO. 17. INFORMANT	ADDRESS	# /
con con the m			H31-1		Charles Same	as 13 (Daughter
T., B. T., B. physinpop movo went,		PART I. DEATH WAS CAUSED I	BY:	spiratory arrost		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON ne deoth c me ottendin motion, or rtroumotic		Conditions, if ony, which gove rise to immediate	. 12	piratory toilure		
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ned the		PART 2 OTHER SIGNIFICANT CO			AINAL DISEASE OR CONDITION GIV	/FN IN PART 1/n
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N OF VI.		OR CONTRIBUTING CAUSE OF DEATH		1 DAY YEAR	TEMEN ANTONE OF HADON IN THE MEDICAL	ANTI OKEANT 21
DIVISION OF VITAL NG PHYSICIAN: The outending physicion fifer this certificate has so the buriol-tronsit p th and Mental Hygier orked or them 18 show	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVIS ING Affer os th Ith on		AT WORK AT WORK		100	01	
TEND rtol o OR: V Or use f Heo		22a.1 certify that (1) (this bespital sow the deceased alive on	July of		death occurred on the date and hou	19, that (I) (we) lost
RECT Hesp Hed fulled from 2 tem 2		obove. (I) (we) (d a) (did not) v	new the body ofter death.	DEGREE		22c DATE SIGNED
SPITAL Of by the VERAL D be detoc		Mellan /	Le	ATTENDING PHYSICIAN A	DIRECTOR PHYSICIAN	7/21/81
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TO HOSPITAL TO HOSPITAL should be det with the Store		NORTO			elonest ICL TI	galisville
5900 BP	230 B	URIAL, CREMATION, REMOVAL	7/24/81	Ft. Lincoln Cemetery	Brentwood P.G	.cochs., Md. state
21 DHMH - 16 50M 1/81		NERAL DIRECTOR		25 171	TE 203. BY GEGISTRARIZE REGIST	
(VRA 15, 4)	G	asch's & Sons Fu	neral Home 'H	Vättsville, Md.	EN U IJUL	and the same of th

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH

FOR

IF UNDER I YEAR

126 KIND OF BUSINESS OR

Property Management.

\$06 Domer Ave. Takoma Pk.

Colgan.

TERMINAL DISEASE OR CONDITION GIVEN IN P

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

COUNTY STATE

(our) opinion death accurred on the date and have and from the causes stated

ZZI, DATES

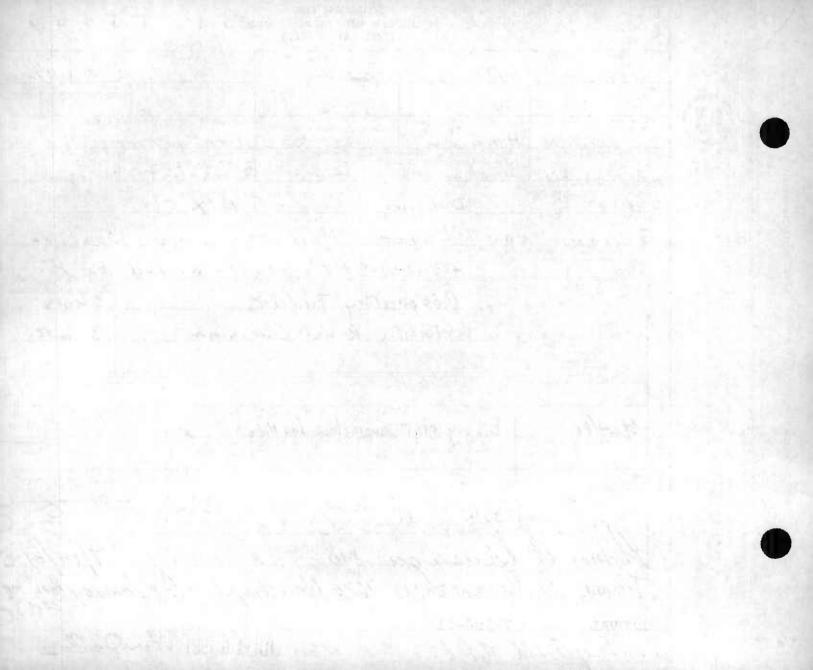
DIRECTOR PHYSICIAN

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DHMH - 16 50M 1/81 (VRA 15, 4)

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	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		8 6 6 8
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4 mo	3. S	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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4	1	COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	1111	
de de	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD KIND OF BUSINESS OR
101 th		TAKOMA PAPK	(IF NOT IN SUCH FACILITY, GIVE	4 / /	EvangelisT	Meaczine
1 hau	130	JAL RESIDENCE (IF NURSING HOME STATE N36 CO	OR OTHER INSTITUTION GIVE PESIDENCE	BEFORE ADMISSION)	13e. STREET ADDRESS	0
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hysicia papers lovol.		18 CAUSE OF DEATH Enter	only one couse per line for (o), (i	o), and ic		BETWEEN ONSET AND DEATH
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	23a	BURIAL, CREMATION, REMOVA	AL 236 DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Items 19b. Film#G558

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	1	STATE OF MARYLAND
		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 / U
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W. PRESTON ST WITHIN 24 HOU FENCIL IN ITEM II MINER ALONG INTERNSIT PERMIT INTAL HYGIENE, OR REMOVAL.	12.0	PARTI DEATH WAS CAUSED BY:
VA SECOND		IMMEDIATE CAUSE (o)
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SI S	×	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DI THIS WRI		AL TYONG ALL WORK
		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ond in my opinion
EXAMINE CERTIFICA CERTIFICA DIRECTO WITH THI		
₹ B B B E E		death resulted from: Natural causes Accident L., Suicide L., Hamicide L., Undetermined monner L.,
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(VR A15 ME (5))	W.	m H. James W. 258 Church St Pr. Anne Md. JUL 31 1981 Theme On 27 To
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AND THE PERSON NAMED IN COLUMN TO A COLUMN	3 SE)	emale Wh:	5. A	DATE OF BIRTH	6. AGE	(IN YEARS IF UI	DER 1 YR. IF UI		2c. DATE PRONOUN DEAD		7/2	DAY	19 81 YEAR	3:00°
AND SEED OF SE	70. BI	RTHPLACE (STATE OR REIGN COUNTRY)	n	CITIZEN OF W	THAT COUNTRY?	8 MARR	IED NEVERA	MARRIED		ore city of	COUNT	TY OF DE	EATH	MD
MORE, MD, 21201 RE DEATH, IF ANY DELAY IS NACES 1, 2, AND 3 TO THE INDRAW PM, 3, RETAIN PAGE S 1 AND 2 SHOULD BE FILED IN OSAITAL RECORDS, 201	ID. CI	ivortown of DEA	ing	(IF NOT IN SUCH F	SPITAL, NURSING FACILITY, GIVE STREET ADD - 164 Str	eet, #3	IER INSTITUTION	FOR	JAL OCCUP MOST OF WORK	ATION (TYPE	OF WORK	12b KINT	INDUSTR	SINESS
AND 31 RETAIN RECORD	13a. S	L RESIDENCE (IF IN NU TATE laryland	rsing home or o 13b COUNTY Montg	THER INSTITUTION, G	13c. CITY OR TO	OMISSION) WN	13d. INSIDE CITY LIM	134. STR	EET ADDRE	ss L6th St	reet,	, #30	05	
THORE, MD. TER DEATH. III. PAGES 1, 2, 20RM PM 3. ES 1 AND 2 SON OFVITAL	14. F/	THER'S NAME FIRST Elias	٨	AIDDLE	Wainste:	in	15. MOTHER'S A	MAIDEN NAME	MI	DDIE Be	lası		_{AST}	
	160 V	VAS DECEASED EVER S, NO, OR UNKNOWN) NO	IN U.S. ARMEI (IF YES, GIVE WAI		166. SOCIAL SEC 579-40		Henry		rt 2	ADDRESS 202 Q 11ver	uint	on	Rd.	
101 W. PRESTON ST., BALT TED WITHIN 24 HOURS AFT A PENCIL IN ITEM 18, GIVE GAMINER ALONG WITH F AL. TRANSIT PERMIT PAGE MENTAL HYGIENE, DIVISIC N, OR REMOVAL.		18 CAUSE OF DEAT PART I DEATH W		Y: CAUSE (o) A	cute myoc	ardial	disease	51.9				APP	ROXIMATE	INTERVAL AND DEATH
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18, ED ASS A BURIAL - RANSIT PREMIT. HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.		Conditions, if a	immediate	(b) C	hronic my	ocardia	l diseas	5e.				3	Years	5
CUTED V CUTED V I IN PER I EXAM JRIAL-T ND MEN		cause (a) stating lying cause last.		(c)	R AS A CONSEQUE									
L RECORDS, ULD BE EXECT "PENDING" "PENDING" ED AS A BUR HEALTH AND	NO	PART 2 DTHER SIGNIFICAN		None										
₹ \$8#38#	CERTIFICATION	None			ITION FOR WHICH	OPERATION V	/AS PERFORMED?	?					UTOPSY?	NO K
CERTIFICATE TING THE WOED TO THE 3 SHOULD B DEPARTMEN 1 PRIOR TO B		210 EXTERNAL CAUS UNDERLYING CONTRIBUTING	OR CAUSE OF DEA	ATH P.A	M. MONTH DAY A. 1	YEAR	OW INJURY OCC	None	NATURE OF INJ	JRY IN ITEM 18 P.	ART 1 OR PAR	RT 2)		
THIS CERTIF WARDED TO WARDED TO PAGE 3 SHE TATE DEPAI	MEDICAL	21d INJURY OCCURE WHILE NOT AT WORK AT W			OF INJURY (AT HO CTORY, FARM, ETC.)		CATION		CITY OR TOW	/N	cou	UNTY		STATE
DIVISION OF VI MEDICAL EXAMINER: THIS CERTIFICATE SI EQUIFICE CERTIFICATE. WRITING THE WO GE SHOULD BE FORWARDED TO THE OF THINESAL DIRECTOR; PAGE 35 SHOULD BE THE DEATH THE STATE DEPARTMENT. THIN ONE.		22a I certify that I death resulted fram		the remains de	Accident	Suicide	, Homicide [Inquiry ermined ma		l in my op	inian		
EATH WAS AND THE CREATER W		ACTUAL SIGNATURE	te	S.	16	Zeno	Deput	YMED	ICAL EXAM		DATE	D_7/	/3/8]	
TO MED TO MED PAGE 4 TO FUN TO FUN BATTIRE D	730 R	EXAMINED NAME (TYPE O PRINT)		n S. Ro			ADDRESS SI				omery	y, Mo	d.	
260L		Burial JNERAL DIRECTOR	100	uly 5,	1981 Kir	ng Day	id Mem	Gr Fa	11c	Churc'			JRE STA	
DHMH - 17 (VR A15 ME (5))	Wa:	ner E	umphr	ey, Inc	.8434 Ge	eorgia D.	Ave		181	Francis (1	Part	6	

The second second second Market State of the Control of the C character for the new abounds 3. 1831 (L. 38)

STATE

DECEASED NAME

DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

Montgomery Co. 12a LISUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Salesman Insurance 13e STREET ADDRESS 403 Russell Ave. Apt Gl MIDDLE Chard ADDRESS Same as 13 Mrs. Margaret H. Cook APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OR TOWN COUNTY and that in (my) (our) opinion death accurred on the date and have and from the causes stated 22c DATE SIGNED STAFF PHYSICIAN PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY Buria1 Jul 20,81 Mt. Carmel Cemetery Pasaden. Singleton Funeral Home, Glen Burnie, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h HOUR

IF UNDER 1 YEAR

20 DATE OF DEATH MONTH

1621-04 IV. The estimate week confil the reservoir of the

1	1,	FOR STATE		DEPART		E OF MARYLAND EALTH AND MENT	TAL HYGIE	NE 8 1	-	8 8	7 3
O.		REGISTRAR				ICATE OF DEAT		REG. NO	0.		
		CEASED NAME FIRST	- ^	AIDDLE	(AST	2	DATE OF DEATH	MONTH DA	Y YEAR	25 HOUR
noy be poge 3 r death		MAR		E.	(OOK			7 2	9 81	950 AM
4 mo	3. SE	x Female	A RACE	ite	5. DATE C		100 G	AGE (IN YEARS LAST BIR	THDAY)	DNIHS DAYS	IF UNDER 24 HRS HOURS MIN.
oge oge	1 . 0	IRTHPLACE (STATE OR FOREIGN			1	2 28			YRS.		
oth. P	100	COUNTRY		WHAT COUNTRY	MARRIE	D NEVER MARR	RIED 🗀	BALTIMORE CITY O			
de thin	10 C	IOWA ITY OR TOWN OF DEATH	U.S		WIDOWE NG HOME O	DIVORC		Monte	gomery		DE BUSINESS OR
by the		Takoma Pk	Washi	ngton A	dvent	tist Hos		TYPE OF HOUSE W		IN OWN	
6 hours ded in de be	USU 130.	AL RESIDENCE (IF NURS) E O STATE	POTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LI		e STREET ADDRESS			
AND n 24 h		Md. P	.G.	Mt. Ra		YES NO		3311 Ch	illum	Road	
within d 2 si	14. F)	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAI	IDEN NAME	WIDDLE		LAS	1
A omp	4	William		Stephe		Mary				Mill	
IMORE,		WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	URITYNO	17 INFORMANT		ADDRE		ial C	ervice
TIMO S. Po	1	YES, NO OR UNKNOWN) (IF YES, GI				Ms. Li	nda	Rhodes V	Vash.		Hosp
DS, 201 W. PRESTON quires that the death a signed by the attendin hen please remotion, or to burial, cremation, or	NO	Conditions, if any, which gove rise to immediate couse to, stoting the underlying couse last. PART 2 OTHER SIGNIFICANT	(e)	AS A CONSEQU	ENE OD DEATH BUT	fun fun NOT RELATED TO T	THE TERMIN	Caben AL DISEASE OR CONI	DITION GIVE	V IN PART 10	D
ECOR been mit. I prior	CERTIFICATION	19a DATE OF OPERATION	195 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	D	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
NE RE lo bon.	FE	Marille St.						YES TI NOTA	IN CERTIFYI	ING CAUSES	OF DEATH?
VITAI N.N. Th hysicio icote h ronsit Hygie	E E	21a ACCIDENT WAS UNDERLYING		INJURY A. MONTH D	AV VEAD	21¢ HOW INJURY	OCCURRED	ENTER NATURE OF INJUR			,,,,
NOF SICIA Manual-treental ental	SAL	OR CONTRIBUTING CAUSE OF DE.	7117		19						
My Hy	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY ET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET		CITY OF TO	WN	COUNTY	STATE
DIVIS Por offer the as the olth one morked		22a.1 certify that (1) (this hasp	ital) attended the	deceased from	7	27 10	21	7.2	- 8	81	al and a state
TTEN ortol for us of He					81 . or	ed that in (my) (aur)	apinion dec	oth occurred on the do	ate and hour o		that (1) (we) last causes stated
OR ATTORECT Ched for Ched for Dept. or Item 2		22b. SIGNATURE	view the body	offer deoth.		DEGREE				22c. DATE	
AAL I He Tr. II He		100				ATTEN PHYSI	IDING ICIAN	MEDICAL STAF	F IAN []	7.	28.
A See E	1	22d PHYSICIAN'S PAME (1996)	_			220 ADDRESS	an	m ald	170		-
to FUN should be with the WPORT		TICHA	RLES	MD		3632	BA	adulis	Brus	. 0	1d
1800 BP	23a. E	BURIAL, CREMATION, REMOVAL Burial	23b. DATE 8-7-81			coln Cem.	ATORY	23d LOCATION Brentwoo	d. P	c d Grit	Md. STATE
DHMH - 16 50M 1/81		INTERNI DIRECTOR					25a DATER	EC'D. BY REGISTRAR	-	SIGNAM	OH-
(VRA 15, 4)		Fwe Gasch's So	ns, P.A.	, Hyatts	SATTTE	, Ma.	AUG	1 1 1981	nance (Jan	then

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J. Jim	1	FOR Home 8/3/81 REGISTRAR	rc DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	00/9
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be	(14)	WILLIAM	FREDERICK	CRAMER JR.	July 26, 1981	5:16A
moy pod	3. SE		4 RACE	5 DATE OF BIRTH 1926	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HR
ge 4 ector rs aft		Male	White	November 6, 1924	56 54 YRS	MONTHS DAYS HOURS MI
8 41 /	7a. E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	Y OF DEATH
le oth	N	ew Jersey	United States	WIDOWED DIVORCED	Montgomery Cour	nty,
1 (新規2	100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION	12b. KIND OF BUSINESS C
S 128 B	The state of the s	ethesda	Clinical Center	r, NIH, Bethesda MD	Salesman	Real Estat
ad b	130	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	
n 24 hould		nnsylvania Moni	roe E. Stro	idsburgyes 🗆 NO 🛛	RD #3, Box 698-	M 18301
erely d 2 s	1/2 ME	ATHER'S NAME FIRST	AIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
one one	19	William Fred	derick Cramer	Sr. Marjor	ie	Kengla
xecund co		WAS DECEASED EVER IN HE ARA	AED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
Po o u	2	Yes WW I		3591 Margaret C	ramer. Same as	13
hysicac copers			y one couse per line for (a), (b), a	nd (cl.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
p phy on po emo		PART I. DEATH WAS CAUSED	E CAUSE (0) <u>Cardio-</u> r	oulmonary failure	THE STATE OF	immediate
h ce briding or r	16 1	1719	DUE TO, OR AS A CONSEQU			
deal deal		Canditions, if any, which	(b) Sarcomat	osis of abdomen du	e to liposarcoma	6 months
the the rem emo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU		ao oo maraana	0 1110110110
that d by ease al, cr		underlying cause last.	(c) Small bo	wel obstruction wi	ith peritonitis	1 month
gned gned buringly, o	-	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
en sk The or to	CERTIFICATION					
low low s be remit a price s on)	CA /	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
The lacion. The lacion. The lacion. The lacion.	1				YES X NO Y	ES NO
Z 2 0 0 4 8	/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
1YSICIAI ding ph is certifi buriol-fr Mentall	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	***	19		
this id Ander	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING P ar offer the After the as the oolth and		AT WORK NOT WHILE	1			
ND S S S S S S S S S S S S S S S S S S S		220.1 certify that (X (this haspit	al) attended the declared from	June 26, 1981	July 26,	, 19_81 that ** (we) lo
Spire CTO CTO of h		saw the deceased alive an	view the both of terral profit	and that in (My) (aur) opinion	death accurred on the date and ha	ur and fram the causes stated
OR A be hos DIREC oched Dept.	0.4	126. SIGNATURE	1/11/11	DEGREE	a be de de	July 26.
AL The detorore Date III. H		2000	100	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1981
HOSPITAL med by t FUNERAL Jid be del of the State	7	22d. PHYSICIAN'S NAME (TYPEOR		22e ADDRESS Nat	ional Institutes	
	1	Douglas	Weiland M.D.		nter, Bethesda, M	
0 a 0 d 3 X	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY erry Lane Metho		
BP		(SPECIFY) Burial		et Church Cemet	ony Township.	Pennsylvani
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR ROBER		Y FUNERAL. 250. DA	TE REC'D. BY REGISTRAR 256. ROWS	TRAR'S SIGNATURE
(VRA 15, 4)	HC	MES. P. A. F	Retherda Mar	vland	JUL 3 1 1981 Ma	me Jan hartlen

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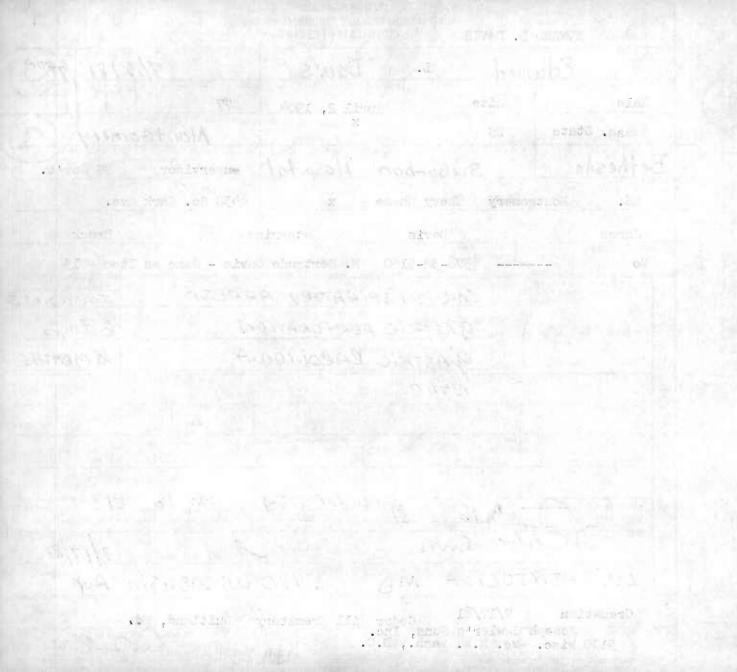
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Elsie KNOWN MONTH Dale (TYPE OR PRINT) OF DEATH MATED 5 FOR YOUR FILES. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 20. DATE LAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR LOUNTRY COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS USA England WIDOWED DIVORCED smor 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Domestic 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Dallas NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WITH FORM PM.
T. PAGES I AND
DIVISION OF VIT FIRST MIDDLE LAST MIDDLE Unobtainable Unobtainable 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 451 56 0737 Joan Robinson (Friend) 1009 Hobbs Dr. Md. None CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY HYGIENE Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] DED TO THE 3 SHOULD BE DEPARTMENT 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 2 Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted fram: Natural causes Homicide Undetermined monner TITLE (SPECIFY) SIGNATUR MEDICAL EXAMINER 1919 Seminary Rd. S.S.Md. EXAMPRES NAME John S. Rogers OR PRINT ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 7/11/81 234. NAME OF CEMETERY OR CREMATORY
Lee's Crematory 23d LOCATION COUNTY STATE Wash, D.C. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE **DHMH - 17** Himes/Rinaldi F.H.11800 N.H. Ave. S.S. Md. (VR A15 ME (5)) 15M 7/77

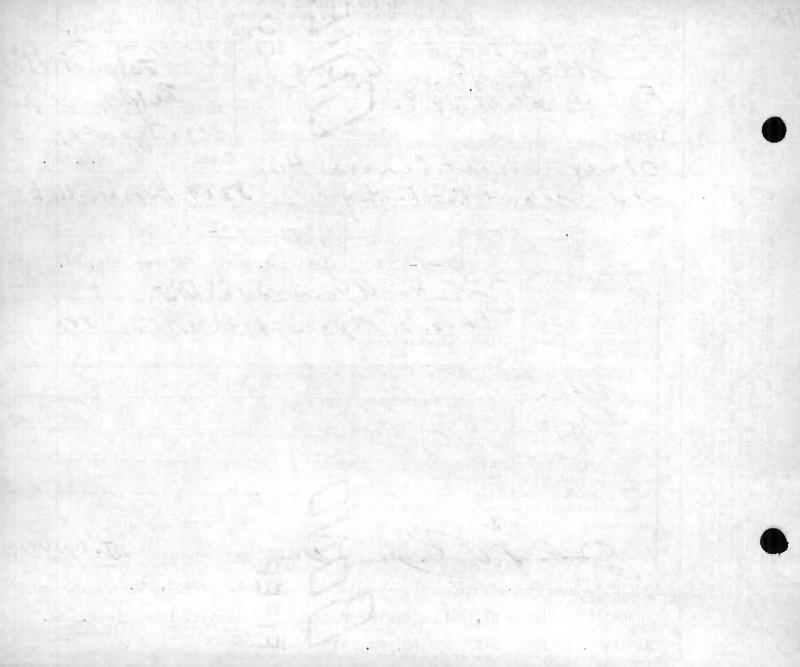
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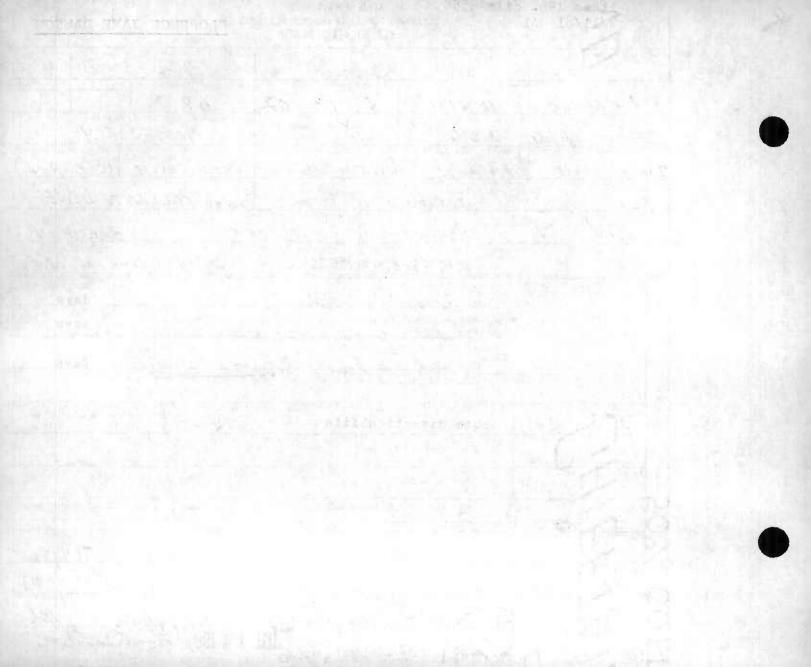
STATE OF MARYLAND



11			STATE OF MARYLAND	0 0 0
12			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	B 5 5 2
			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	JULY 24,1981
				ONTH DAY YEAR 26 HOUR
	# S S S +	(1170	PEORPRINT) MAY GRAHAM DAVIS OF ESTI- DEATH MATED	lineroff om
	PLE ASE ECTOR F FILES HOURS STREET	3 SEX	X 1. RACE SMATE OF BIRTH 1889 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE IN THE PRONOUNCED AND P	THEY DAM YEAR 26 HOLLE
	IRECUR 2 H		CEAD TO SEE DE	12 4 10 P
	NECESSARY, PIEASE FUNERAL DIRECTOR. S FOR YOUR FILES. WITHIN Y HOURS W PRES ON STREET.	Za Bil	DETHINING STATE OF THE CONTINUE OF THE CONTINU	OUNTY OF DEATH
	NECESS FUNERA 5 FOR WITH		OREIGN COUNTRY) MARRIED NEVER MARRIED	
	N. S. P.		Illinois USA WIDOWED DIVORCED DIVORCED CONTROL OF CONTR	WORK 126, KIND OF BUSINESS
	AY IS THE AGE FILED 301 V	10. CI	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OPE STREET ADDRESS) 120. USUAL OCCUPATION (IVP) FOR MOST OF WORKING LIFE CLICK CLICK TO THE TOWN OF DEATH TO THE TOWN OF TH	U.S. GOV.
	300 400		Character of the control (113)	0.5.Gov.
_			AL RESIDENCE (IF IN NOTING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136. SENET ADDRESS 136.	1 1. 1.
120	RETAIL SHOULD		Md Mont Saithersbury YES NO 1369 DV8	okevilla RL
0,2	1 F AL R	14. FA	ATHER'S NAME	LAST
W.	S 1, 2, 3	E	Edmund H. Graham Mary - Shav	****
ORE	FTER DEATH		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	<u>v</u>
IW	S S S S S S S S S S S S S S S S S S S	{YE	YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
BALT	URS AFTER B. GIVE PA WITH FOI PAGES 1 DIVISION	n		sburg, Md. 20879
	0= -= -		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
Z	24 HO ITEM 16 IONG PERMIT SIENE,		IMMEDIATE CAUSE (CONCESSION OF THE CONCESSION O	
PRESTON	7 = 4 4 9 1	10	DUE TO, OR AS A CONSEQUENCE OF	1/10
0C			gove rise to immediate (b) AVANCE MYSCAVALLE (715)	YVI.
3	PENCIL AMINE LTRAN ENTAL		cause (a) stoting the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF	
301			lying cause last.	
			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
0	PENDING F MEDIC TO AS A B HEALTH A REMATIO	Z	None	
RECORDS	ULD BE E. "PENDINGEF MEDICAL AS A HEALTH. CREMATICAL	CERTIFICATION	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Z Y	Oのテカサ :	FIC	Mana	YES NO-KI
FVIT	ATE SH THE CL ID BE U AENT O BURIAL	ER	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART	
0	FICAT THE OULD STANE		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
DIVISION	CERTIFICATE S ITING THE WO DED TO THE (3 SHOULD BE DEPARTMENT PRIOR TO BURL	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, 21f. LOCATION	
Ž	CERTIING ADED T E 3 SHI	MEC	WHILE TO NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
0	H WA WA		WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	
			22a Leerlify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . ond in	my opinion
	EXAMINER CERTIFICAT ILD BE FO DIRECTOR WITH THE ARYLAND,		death resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined manner ,	
	EXAMI CERTIF ULD BE DIRECTOR WITH	- 6	TITLE (SPECIFY)	
	E CER DOULD L DIR H, WI MARN	3.00	SIGNATURE PU CA SE M.D. 17.2 MEDICAL EXAMINER	DATE TO (4/24/98)
	DICA FE THE A SH NERA DEAT		The state of the s	
	MEDICA CUTE TH SE 4 SH FUNERA FUNERA FINORE,	-	(TYPE OR PRINT) JOHN S. ROGERS MD ADDRESS SILVER SPRING MD.	
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0100				COUNTY STATE
	BP	24 F	BURIAL July 27,198 Laytonsville Laytonsville	Mont Md.
7.1	DHMH - 17 (VR A15 ME (5))		FRANCIS H. BARBER LAYTONSVILLE, MD. 20879 JUL 2 8 1981	John Markey
MI	15M 7/76		THANGES II. DARDER LATIONSVILLE, PD. 20019	M



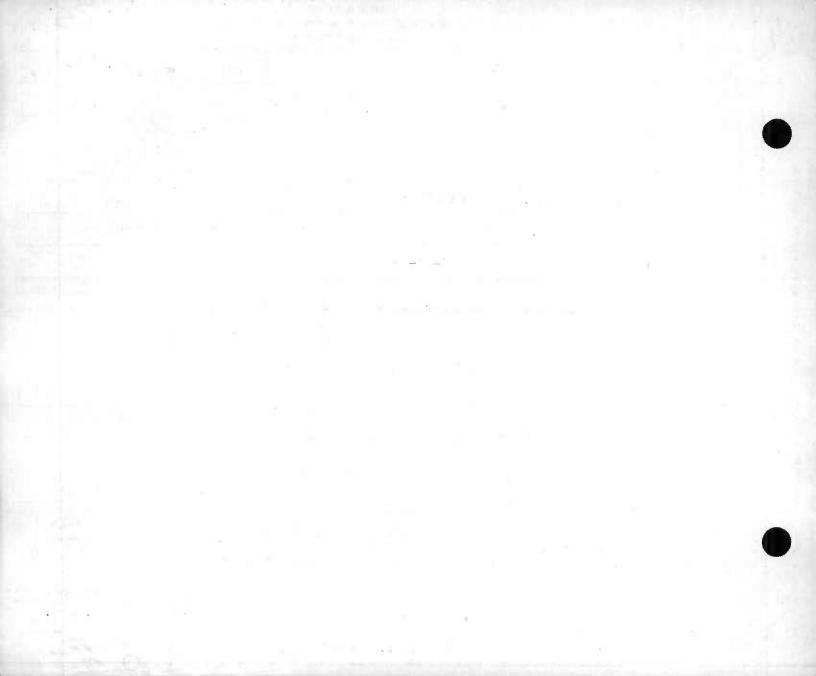
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· (-X1)		ECRASED NAME FIRST		Dans	70. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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ge 4 r	18	Female	WHITE	MONTH DAY YEAR 2		MONTHS DATS HOURS MIN.
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RE, P		WAS DECEASED EVER IN U.S. ARA			ADDRE	
Timo on on one s. Page		YES, NO OR YAKNOWN) (IF YES, GIVE	215-58-	-8147 MERRILL	=. DANSON,	(SAME AS 13e)
BAL icote hysica poper oval.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), or D BY:	nd refe		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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201 W		underlying couse lost	(c) Kenal	tailing, Dr	worken	Leb days
	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	DITION GIVEN IN PART 110
Iow requires to the second of	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
	RTIF	Duly /8/	Acute diver	ticulitis	YES NO	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \(\bigcup \)
SICIAN: I ag physici certificate orial-transfer ental Hygi them 18 sh		OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2}
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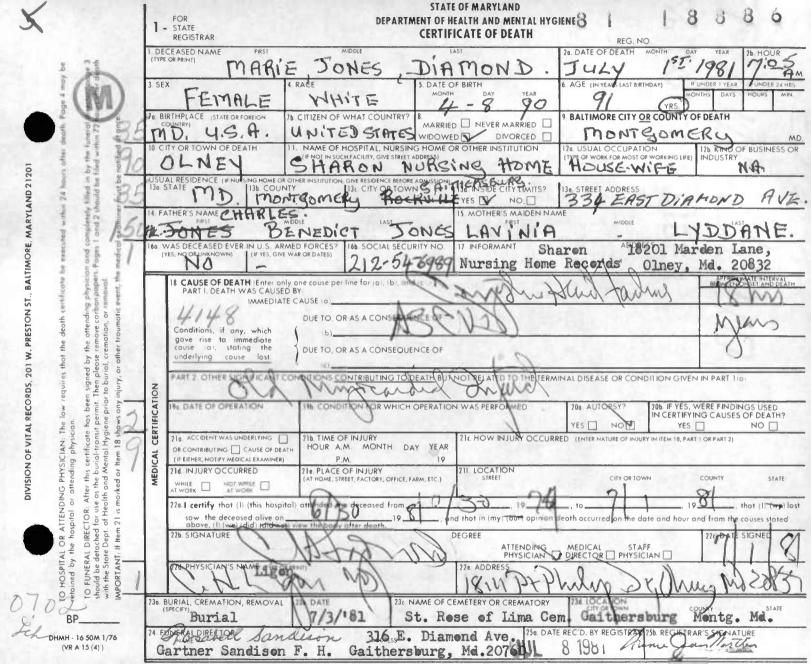


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OR ATTEN OR ATTEN OR HOSPITOL DIRECTOR Sched for u Dept. of them 21 is		above, (1) (we) (did) (did ni 22b. SIGNATURE	ot) view the body ofter death.		DEGREE		22c DATE S	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20. DATE OF DEATH MONTH DECEASED NAME FIRST 26 HOUR TYPE OR PRINTI Steven Dickerson Denver July 19. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR Male Caucasian 23 1914 April To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Nevada United States WIDOWED DIVORCED Montgomery County. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Staff Director US Gov't 5307 Danbury Road Bethesda MARYLAND 21201 USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? pino Montgomery Bethesda 5307 Danbury Road Maryland YES X NO T 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME puo Denver Dickerson Una Mae Reilly ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Wife Poges YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Maxine V. Dickerson Same as item 13 530-07-0497 Yes carban popers. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) arcunona of Th DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be YES [NO F burial-transit Нуд 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC] NOT WHILE AT WORK 22a. | certify that (I) (I the land all attended the deceased from and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on above, (1) (and ideal (did not) were the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED * ATTENDING MEDICAL STAFF old be deto PHYSICIAN X DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYP) OR PRINT) 22e ADDRESS Allen J. O'Neill M.D. 8601 Old Georgetown Rd. Bethesda, Md. 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Cremation Metropolitan Crematory Alexandria 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25h. DHMH-16 30M 2/80 Robett A. Pumphæey Funeral (VRA 15, 4) Homes, P.A., Bethesda, Maryland

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(MI):	1 DECEASED NAME FIRST (TYPE OR PRINT) HELEN	GRACE .	DIXON	20. DATE OF DEATH MONTH	10/8/ 130 pm
\$ 5 - will	Female 4	White	S. DATE OF BIRTH MONTH DAY YEAR March 28, 1918	6. AGE (IN YEARS LAST BIRTHDAY) 63 YRS	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
leath. Franch of Table 1	HE BIRTHPLACE (STATE OR FOREIGN 76 Maryland	U.S.A.		9 BALTIMORE CITY OR COUNT Montgomery	
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MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill Regime mort beno	Maryland Prince	13c CITY OR TO	WN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS 3267 Queenstow	m Drive
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1200BP	Burial	7/13/81 F	NAME OF CEMETERY OR CREMATORY t. Lincoln Cemetery	23d LOCATION CITYORTOWN Brentwood Pr	county Georges, Md
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ficate be executesician and corpores. Pages 1 are overl.	16a V	VAS DECEASED EVER I	N U.S. ARM (IF YES, GIVE V	NED FORCES?	21 3-10	SECURITY NO 0-0770	Carroll A.	Doggett Sr	-	ain St rsvill	-
The law requires that the death or has been signed by the attending rmit. Then please remove carbon te prior to burial, cremation, or nows any injury, or other trauma	ATION	Canditians, if any, gave rise to imm cause (a), stating underlying cause	ediate the last IFICANT CO	DUE TO, O b) DUE TO, O (c) DUDITIONS C	ONTRIBUTING	S TO DEATH BUT	CARCII	WOM A MINAL DISEASE OR CON	206 IF YES,	N IN PART 1	NGS USED
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TO HOSPITAL ON ATTENDING PHYSICIAN: T retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hashould be detached for use as the burial-transit perwith the State Dept. of Health and Mental Hygient IMPORTANT: If Item 21 is marked or Item 18 sh	MEDICAL	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT 21 d. INJURY OCCURR AT WORK NOT WHAT WORK 22 d. I certify that (I) saw the decease above, (I) (we) (d) TURE THE PHYSICIAN'S NA	L EXAMINER) ED LE (this haspited a alive an aid) (did not) ME (TYPE OR	21R PLACE (AT HOME, ST	M. OF INJURY REET, FACTORY, O	19 FFICE, FARM, ETC) FORM 19 FFICE, FARM 19	SUP ADDRESS	MEDICAL STAIL DIRECTOR PHYSIC	ate and hour		STATE that (i) (we) couses stated E SKGNED
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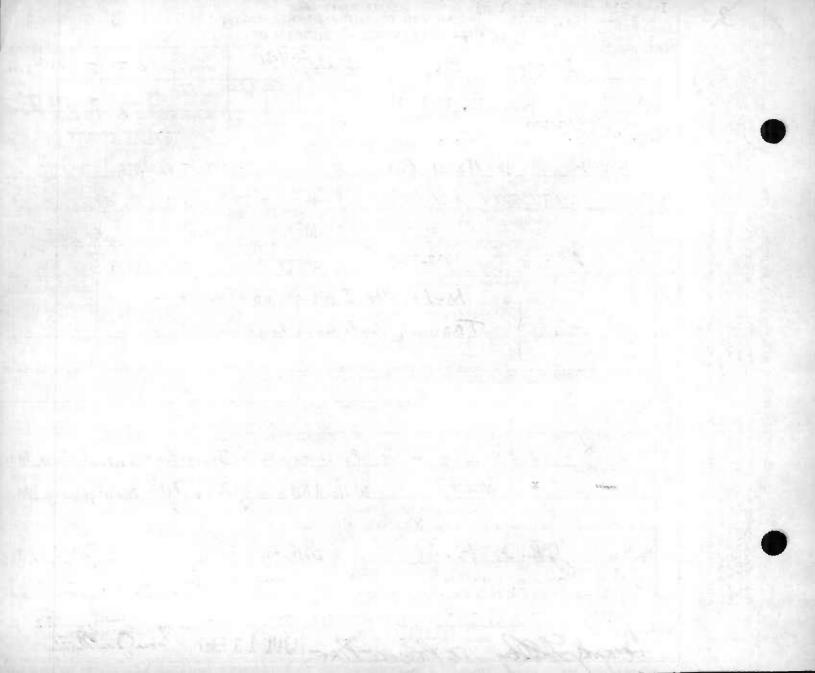
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME M. GRACE 2ª DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) aco 4 RACE 3 SEX 5 DATE OF BIRTH IF UNDER TYEAR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH MONTHS DAYS HOURS EMALE White 78. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED COUNTRY MARRIED Wisconsin DIVORCED mand WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF USINESS OR PYNOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY / Lawver USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION). 13a STATE 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 4615 N. Montgomery Chevy Chase YES T NO Park Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE James Eddy Ellen Murphy Adoress Carlyle Drive WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! No 579-60-1643 Richard L. Lutz Crofton, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic). PART I. DEATH WAS CAUSED BY Mindlee aner IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 10 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NO I YES M Hygi 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220 | certify that (1) (this hospital) attended the deceased from se did not) view the body after death , and that in (ma (our) opinion death occurred on the date and hour and from the couses stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF Id be detact the State PHYSICIAN TOTRECTOR PHYSICIAN 224. PHYSICIAN'S D'AME (TYPE OR PRINT) 22e ADDRESS 7301 near Fund Man Bethash, and Josey wyman 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE July 7,1981 Buria] Cedar Hill Cemetery Buitland-Prince Geo. Co.-Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 24 REGISTRAR'S SIGNATURE **DHMH-16 25M** Jos. Gawler's Sons, Inc. -5130 Wisc. Ave, NW, Wash, DC (VRA 15, 4) 1/79

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24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL

HOMES, P.A., ROCKVILLE, MARYLAND

STATE

DHMH-16 30M 2/80 (VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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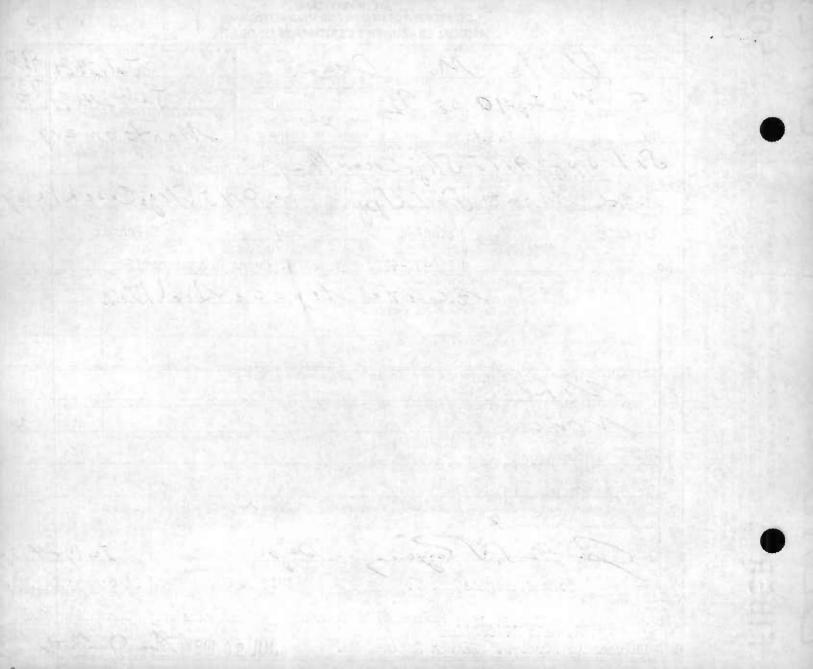
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-4 RACE 6 AGE (IN YEARS F UNDER 24 HRS DATE PRONOUNCED BALTIMORE CITY OR COUNT To. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Ohio WIDOWED [Housewife 13d INSIDE CITY LIMITS? YES _ 14 FATHER'S NAME MIDDLE Lundale Jean Husband Evans same as 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... CATION 190. DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK Inspection 220 I certify that I took charge of the remains described above, held an death resulted fram: Natural causes Accident Suicide Hamicide ! Undetermined manner 1919 Seminary Road Silver Spring, Md. 230 BURIAL, CREMATION, REMOVAL Francis J. Collins Mutual Ohio Cemetery Champaign Ohio Mechanicsburg **DHMH - 17** (VR A15 ME (5)) 500 University Blvd., W. Silver Spring, Md. 15M 7/76

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME KNOWN | (TYPE OR PRINT) 81 Nel1 DEATH MATED XXJulv Everhard 4 RACE AGE (IN YEARS | IF UNDER 1 YR TIF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD August LAST BIRTHDAY) emale Caucasian Mar. 8,1904 77 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEA MARRIED | NEVER MARRIED K Indiana United States WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Wisconsin Avenue U.S. Gov't. Chevy Chase Secretary USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY Chevy Chase 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 5480 Wisconsin Avenue #610 Montgomery YES X NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ambrose Everhand Emma Hipskind Ridgewood 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 577-60-7416 J. Richard D'Andre Mystic. Conn. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardio Vascular Disease. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 216 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTORE PA
ATTER DEATH, WITH THE STA 220 I certify that I took charge of the remains described above, held an Inquiry X and in my opinian Inspection Homicide Undetermined manner 1981 TITLE (SPECIFY) M.D. Deputy SIGNED August MEDICAL EXAMINER Bethesda, Maryland 20814 EXAMINER'S NAME John G. Ball, M.D. 7936 Old Georgetown Road 230. BURIAL, CREMATION, REMOVAL 23b. DATE August 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Suitland, Maryland Cedar Hill Cemetery 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 256 STRAR'S SIGNATURE **DHMH-17** Homes, P.A. Bethesda, Maryland VR A15 ME (5) 15M 2/80

A June 11 . C. Liebner & TV HEAL DESIGNATION OF THE PROPERTY OF THE PARTY OF THE P E ST SV WILLIAM Total S. E. C. Santage | Common State | Common Stat The second of the same than the 177- -- 70 to 1. Leaves P. Mar. State, Found. THE CALL OF THE CALL head does were that the party of the first hard

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STATE OF MARYLAND

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		CEASED NAME FOR PRINT)	LEA.	H :	ESTELLA		RNALD	20 DATE OF DEATH July	7	1981	2b HO	30 M	
	Female 7a BIRTHPLACE (STATE OF FOREIGN 76 COUNTRY) Maryland			4 RACE S. DATE O MONTH Feb.			H DAY YEAR	6 AGE (IN YEARS LAST BIRT	IF UNDER I YEAR	IF UNDE	R PI HRS		
35				υ.	WHAT COUNTRY?	MARRIE WIDOW	ED DIVORCED	Montgome		MD.			
00	Chevy Chase USUAL RESIDENCE (15 NURSING HOME OF			7304	Maple Av	ADDRESS)	OR OTHER INSTITUTION	12g USUAL OCCUPATION OF THE HOMEMakes	WORKING	LIFE) 126 KIND C INDUSTRY, AC H	ome	ESS OR	
35	130 STATE 13b COUR				Chevy Ch	N	13d. INSIDE CITY LIMITS? YES NO 1	7304 Mapl					
50	J. Her				Reicha		Miley	Lavinie			rtle		
1	160 WAS DECEASED EVER IN U.S. ARI (YES NO OR UNKNOWN) (IF YES, GIV)			MED FORCES?	212-14-		Harry J. Hod	6309 Westridge Court J. Hodges, Camp Springs, Maryland 207					
	ATION	Conditions, if ony, gove rise to imm couse of stolin underlying couse PART 2 OTHER SIGN CULLUL SUL 199 DATE OF OPERA	which mediate ag the lost.	DUE TO, O	lucius H	NCE OF	Post plugus NOT RELATED TO THE TERM DISLEM - ATT IN WAS PERFORMED		leas	61	1 failure		
29	MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d. IN JURY OCCURR	CAUSE OF DEA	P	DF INJURY .M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCURR	YES NO P	Y IN ITEM IB	TIFYING CAUSES YES PART 1 OR PART 2)	OF DEA		
	WE.	WHILE NOT WE AT WO! 22a.1 certify that (1)' sow the decease above, (1) web) to	(this hospi ed alive an d) (dis m	(di) attended the view the body		81,0		MEDICAL STAF	te and ha	22c. DATE	that (1) couses st SIGNED		
1		Howard	W. Y	eager,			810 Vermon	aduredy Los t Ave., N.W.			1. n	18/1-	
)		SURIAL, CREMATION, SPECIFY) Cremation JUNEAL DIRECTOR		7/10/	81 Ce	dar H	EMETERY OR CREMATORY Ill Crematory	23d LOCATION CITY OR TOWN Suitle	and e	COUNTY Marylan		STATE	

5130 Wisconsin Ave., NW, Washington, D.C. 20016

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely illustrated should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. (VRA 15, 4)

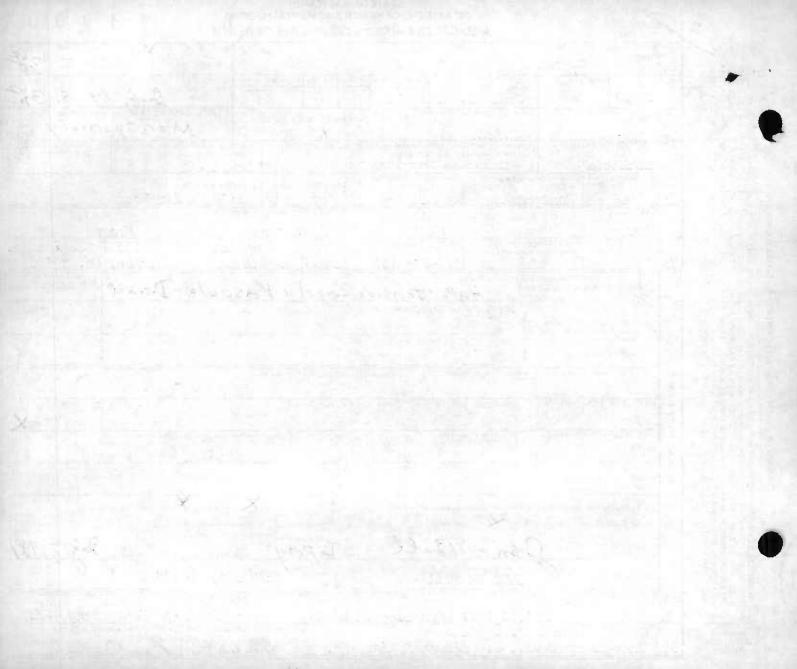
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physicion.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME a. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Sarah W Fink DEATH MATED 6 AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED W June 22, 1905 76yrs 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED New Tersey 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Suburban Hospital Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maruland 3400 Nimitz Road Montgomery Kensington NO [AND Z 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Whilden Tamson Harry Heaton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. daughter 12301 Blubill Rd. DIVISION (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Brewer Wheaton, Md. 20902 No CAUSE OF DEATH (Enter only one cause per line for (a), (b), nsive Cardio Vascular Disenie BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, "if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [TO BURIA 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21e. PLACE OF INJURY (AT HOME, If. LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian death resulted fram: Natural causes Undetermined manner LITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BAITIMORE, MA SIGNATURE BETHESDA. MARYLAND EXAMINER'S NAME JOHN G. BALL (TYPE OR PRINT) ADDRES: 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Jul. 20.1981 Monocacy Cemetery Beallsville Montgomery Md. 24. FUNERAL DIRECTOR Francis J. Collins 25a, DATE REC'D, BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 500 University Blvd., W. Silver Spring, Md. 15M 7/77

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO WIDDIE L DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-HE FUNERAL DIRECTOR.
GE 5-FOR YOUR FILES.
HED, WITHIN 72 HOURS.
ON W. PRESTON STREET, Charles Milton Fisher DEATH MATED 81 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF LINDER 24 HRS DATE 2d HOUR LAST BIRTHDAYS PRONOUNCED Male Cauc. Oct. 14, 1921 59 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Washington, D.C. United States WIDOWED T DIVORCED Montgomery Montgomery County

120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Tour Guide 7E PAGES 1, 2, AND 3 TO T FORM PM 3. RETAIN PA GES 1 AND 2 SHOULD BE FI SION OR VITAL RECORDS, 2 Silver Spring Glenallan Ave. Apt. 103 2509 Self Employed USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13. STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Montgomery Silver Spring YES & NO [2509 Glenallan Ave. Apt. 10: 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE PIRST (NMI) Fisher Percy Anne B . Moody 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO INFORMAN! ADDRESS I IF YES, GIVE WAR OR DATEST Thomas Fisher, (Son) Yes WWII 578-16-1237 Glenallan Ave. Silver Sprin 18 CAUSE OF DEATH (Enter only one cause per line on (a), (b), and (c). APPROXIMATE IN THE HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BURIAL, TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIENCE PROBLES SHOULD BE US TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF A BALTIMORE, MARYTAND: 717011 PDITOR TO BITIMORE, MARYTAND: 717011 PDITOR TO BITIMORE. YES . NOX X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 710 PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy and in my ppinion death resulted from Undetermined monner Baltimore Avenue EXAMINER'S NAMERICHARD Whelton. College Park, Maryland M.D. _ADDRESS. 23d. LOCATION Cremation Metropolitan Crematory Alexandria. 250. DATE REC'D. BY REGISTRAR
JUL 2 3 1981 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH-17** Bethesda, Maryland (VR A15 ME (5)) Homes, P.A., 15M 2/80

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Homes, P.A., Bethesda, Maryland

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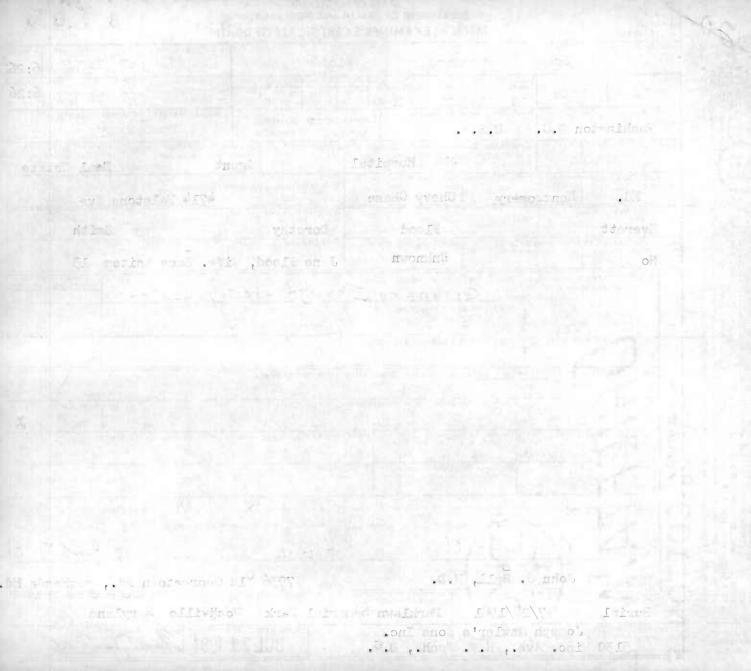
STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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BALTIMORE, MD.	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ARD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, 4 HIFF MEDICAL EXAMINER ALONG WITH FORM PM. 3. REUSED AS A BURIAL. PRANSIT PERMIT. PAGES 1 AND 2 SHOOF HEALTH AND MENTAL HYGIENE, DIVISION OF VITABLE RIAL, CREMATION, OR REMOVAL.	IY	ES, NO, OR UNKNOWN) I IF YES, GIVE W	ONE	UNKNOW	1	CAME OR	ve control	SAME	- Ac #	12
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	23a B	URIAL, CREMATION, REMOVAL 23		123c. NAME OF CE					##	
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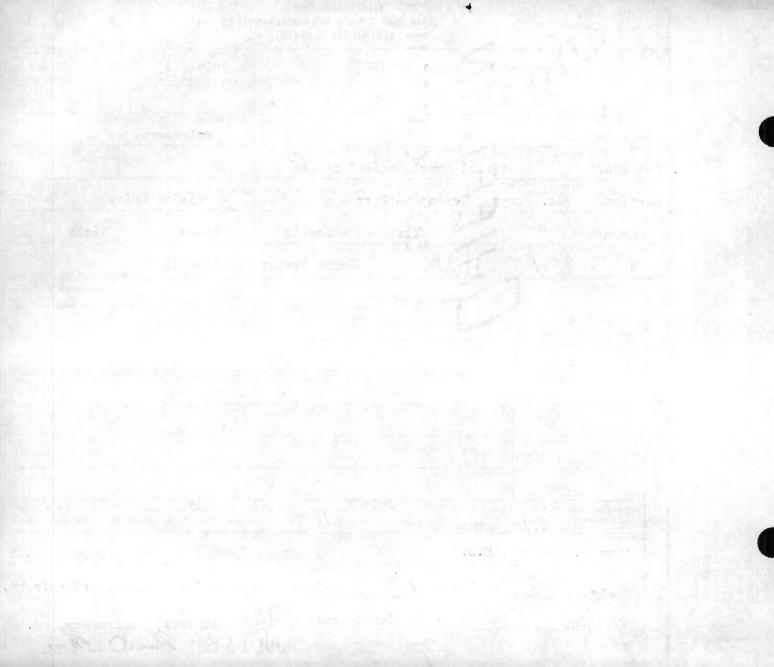
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT) EdWin AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH YEAR DAVS Male Caucasian 1906 June 7a BIRTHPLACE ISTATE OF FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Ohio WIDOWEDET DIVORCED | Montgomery County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Nursing Home Rockville Engineer Manufacturing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13R STREET ADDRESS 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 303 Adclare Road NO T Maryland Montgomery Rockville 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ridley Ira Foringer Carrie ADDRESS Rockville, Md. 20850 MAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT 18 YES, GIVE WAR OR DATEST 578-16-5167 Claude R. Vess 414 Hungerford Dr. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IQ Canditions, if any, which gave rise to immediate cause (a), staling the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206 IF YES, WERE FINDINGS USED % CONDITION FOR WHICH OPERATION W AS PERFORMED 200 AUTOPS IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YE AR OR CONTRIBUTING CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 224 | certify that (1) (this haspital) attended the receased from and that in my (our) apinian death the date and haur and from the causes stated abave (1) (we) (did) and paryview the bady after death. THE DATE 5 IGNED EGREE TO FUNERAL C should be detach with the State D MEDICAL STAFF IMPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Edmonston Drive, Rockvill G. Bowditch Hunter 230. BURIAL, CREMATION, REMOVAL 23b. DATE 1981 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION Burial August 3 Bankers Cemetery Cambria Township 24 FUNERAL DIRECTOR ROBert A. Pumphrey Euneral Homes P/A250. DATE REC'D. BY REGISTRAR'S SIGNATURE **DHMH-16 25M** (VRA 15, 4) 1/79 300 W.Montgomery Ave., Rockville, Md. 20850

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3. 3EA	ale	4. RACE Negro	5. DATE O		1981	AGE (IN YEARS LAST BIR	THOAY) IF UNDER	DAYS HOURS MIN.
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21 is	20 I certify that (1) (this hospital sow the deceased alive on above, (1)(we) (did) (did had		, on			, to July 2 th occurred on the do	19_8.	1 11101 /11 /1101
20 F	Mary J. WAKEM		C	PHY:	NDING A	MEDICAL STAF	FF -	DATE SIGNED uly 6, 1981
should be det with the Stote	MANY ORACL	Mac 1	1)	220 ADDRESS Nationa	al Nava			Bethesda,Md
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5 50M t/8t 24 FUN	JERAL DIRECTOR NAME	ADDRESS			JUL I	5 1981	Plane 3 si	GNATURE MATTE

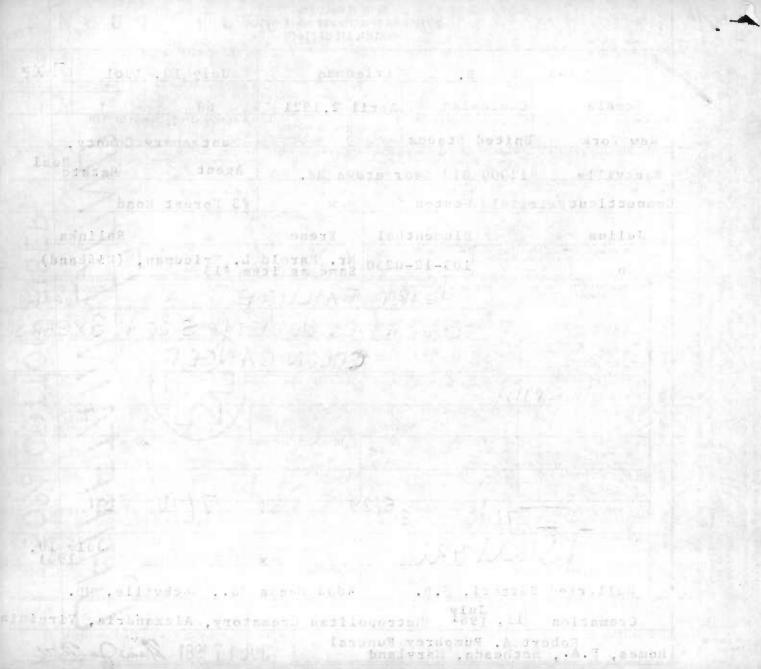


2	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG	IENE 8	8 9 0 9
y be ge 3 leoth	REGISTRAR 1. DECEASED NAME Edwar (TYPE OR PRINT)	rd *S.E. WARD S	Fowler FOWLER	REG. NO.	DAY YEAR 25 HOUR 31 81 8 A M
to. po	3 SEX MALE	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR O O O O O O O O O O O O O	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
deoth. Pog	70 BIRTHPLACE (STATE ON FOREIGN COUNTRY) Massachusetts	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUR MONTGOMER	RY COUNTY MD.
us ofter	SILVER SPRING	(IF NOT IN SUCH FACILITY, GIVE ST	HOSPITAL	procurement engineer	IZB KIND OF BUSINESS OR INDUSTRY Vitro Lab
YLAND 21 thin 24 ho	13a STATE 13b C	ounty tgomery Silver	OWN 136. INSIDE CITY LIMITS?	15320 Pine Oro	hard Drive, apt 3D
ecuted wi	160 WAS DECEASED EVER IN U.S		Jesse G.	Simons ADDRESS	LAST
ALTIMO Te be exican and sers. Perposers. Perposers.	No	og One couse per line for to . the		Fowler/wife/ sa	me as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON S: equires that the death certains signed by the attending Then please remove carbo to burial, cremotion, or re injury, or other traumatic enjury.	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse los	DUE TO, OR AS A CONSE	DUEN OF	INAL DISEASE OR CONDITION	GIVEN IN PART 1:0
TAL RECORD The law required. The law required. Sit permit. The giene prior to	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN. TI ottending physicial there his certificone os the buriol-transit in and Avental Hygis orked or them 18 sh	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXA. 216 INJURY OCCURRED WHITE	FDEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
OR ATTENDII the hospital or DIRECTOR: A part of the of Dept. of Heal		ospital) attended the deceased fro	ond that in (my) (our) opinion	death occurred on the date and	19
TO HOSPITAL TO FUNERAL Should be det with the State IMPORTANT. I	220. PHYSICIAN'S NAME (1	Tanber	ATTENDING PHYSICIAN PARTIES ADDRESS 10301 Ga, A	DIRECTOR PHYSICIAN	17/3/18/
000°65°7°5	230 BURIAL CREMATION, REMO		Southwick Cemetery	23d. LOCATION CITY OF TOWN Southwick	Massachetts
DHMH : 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR Hinesy Rinaldi	F.H. 11800 New H	MINDSTUCKE AVE	E REC'D. BY REGISTRAR 25b. REC	GISTRAR'S SIGNATURE

CLONGLE L. Fowers Cid-11-4631 Mariania G. Fanigatini lat Sant at 134 Barrier - Southern Southwick Constant Southering Haffardingth Wines/Dinacid F.W. Michael Section - No. 14. 1991 - Add American

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STATE OF MARYLAND



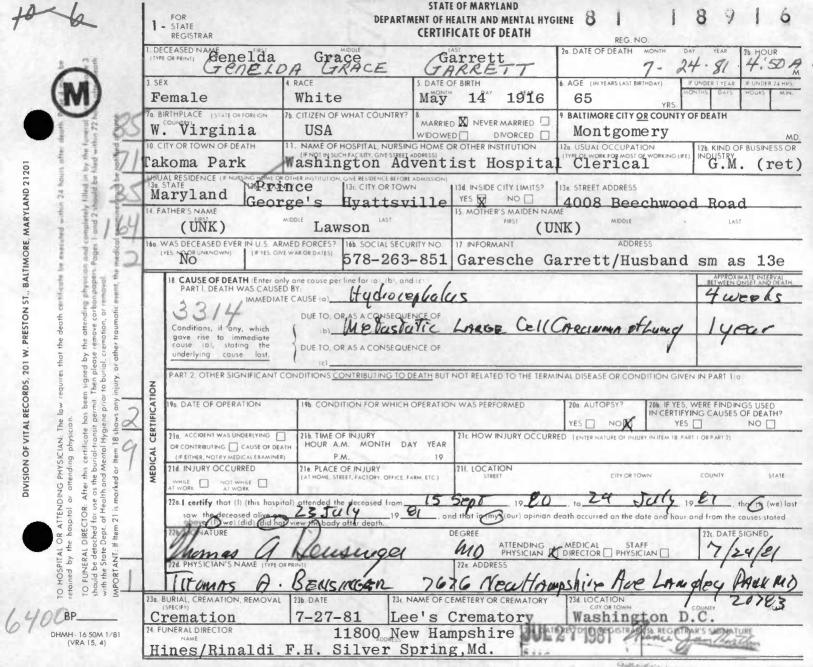
1 ,	1 Item 6 g558 8/5/81 gj STATE OF MARYLAND	
1	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	REG. NO.
(M) ₅	(TYPE OR PRINT)	TE OF DEATH MONTH DAY YEAR 26 HOUR
		ily 19 1981 3:40 m
e die p	MONTH DAY YEAR	(IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
oge oge	Male White Sept 21 1916	65-64 YRS
of h. P	MARRIED NEVER MARRIED	IMORE CITY OR COUNTY OF DEATH
thun thun de		Ontgomery MD. UAL OCCUPATION 126. KIND OF BUSINESS OR
201 urs ofte filed w	Silver Spring Holy Cross Hospital (IFNOT IN SUCH FACILITY, GIVE STREET ADDRESS)	F WORK FOR MOST OF WORKING LIFE) INDUSTRY
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and completely filled in by ppers. Pages 1 and 2 should be file val. t, the medical examine finus be in	Md DC Ditti	REET ADDRESS
YLA rthin rthin 2 shd	14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME	05 Dogwood Park Street
MAR w med w led w	William Walter Frost I Stella	Lee Ivv
ORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS Above
IMORE		rost, Wife, Same as
RDS, 201 W. PRESTON ST., equires that the death certification is signed by the attending pherman price of the please remove carban price burial, cremotion, or removing or or other traumatic every injury, or other traumatic every	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	
he low roon. on. treemin. ene prio	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 A YES 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENT	AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
OF VITAL CLAN: The physicio rifficote th ol-tronsit ral Hygie	HOUR AM MONTH DAY YEAR	ER NATURE OF INJURY IN ITEM 18. PART I OR PART 2)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. Ifter this certificate has been sig os the burial-fronsit permit. Then h and Mental Hygiene prior to b arked ar them 18 shows any injury	OR CONTRIBUTING CAUSE OF DEATH	CITY OR TOWN COUNTY STATE
ATTENDIN sspirol or :CTOR: Af for use o d for use o i. of Heblin n 21 is ma	doore, (i) (we) tala tala hot) view the body after death.	curred on the date and hour and from the causes stated
O HOSPITAL OR efformed by the hortogram of FUNERAL DIRE with the Store Deptombly MADRIANT: If her	276 PHYSICIAN'S NAME (TYPE OR PRINT) 276 PHYSICIAN'S NAME (TYPE OR PRINT) 276 ADDRESS DEGREE ATTENDING MEDIC PHYSICIAN DIRECT	STAFF TOR PHYSICIAN 7-20-81
O HOS etoined TO FUN should to with the	ERNEST E. CORNELSEN , M.D. 5103 Marlboro	Pike, Hillside, Maryla
	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. L	OCATION CITY OR TOWN COUNTY STATE
70 UBP	Burial 7-23-81 Ft. Lincoln Cem. Br	entwood, P.G., Maryland
DHMH - 16 50M I / B1 (VRA 15, 4)	Funeral Home Rd., Suitland, Md.	BYREGISTRAR SERREGISTRAR'S SIGNATURE

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Įi	FOR STATE REGISTRAR		STATE OF MARYLAND OF HEALTH AND MENTAL MINER'S CERTIFICATE (8 9 1 5
L	TYPE OR PRINT)	arly helse	Garrett	20. DATE KNOWN OF ESTI- DEATH MATED	7 14 19 8 1
	Male Bla BURTHPLACE (STATE OR	MONTH DAY YEAR LAST	(IN YEARS IF UNDER 1 YR. IF UNDER 1	PRONOUNCED DEAD	7 14 1981 p.
1	GEOPO 1 A CITY OR TOY OF DEATH	U. S.A	OME, OR OTHER INSTITUTION	CED Montgomery	-
		(IF NOT IN SUCH FACILITY, GIVE STREET ADD JESUP Blair Par HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL COUNTY 132 ATY OR A	·k	FOR MOST ON WORKING LIFE) +	Florist
Z		nonbomery BAlli	nove YES NO L	UNK	www.
160		J.S. ARMED FORCES? ES, GIVE WAR OR DATES)	SR SA //	ie M. ADDRESS	631 8 51
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	5718 m	MEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE	-	noreasters	
-	Conditions, if ony, gove rise to imm couse (o) stating the lying couse lost.	nediote / (b)	NCE OF		
,		(c)	E TERMINAL DISEASE DR CONDITION GIVEN IN P	ART 1 (a .	
CERTIFICATION.	19a. DATE OF OPERATIO	N 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY? YES X NO
		HOUR A.M. MONTH DAY	YEAR	ED LENTER NATURE OF INJURY IN ITEM 18	
MEDICAL	21d INJURY OCCURRED WHILE D NOT WH AT WORK AT WORK	ILE	ME, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STAT
	22a. I certify that I too deoth resulted from	Noticed covers According to the Covers According to th	on Autopsy X, Inspection	On . Inquiry . on Undetermined manner .	nd in my opinion
-	ACTUAL SIGNATURE	formail Tax	M.Deputy Ch	<u>i e</u> fredical examiner	DATE 7/15/81
1	(TITE OKTRICT)	homas D. Smith, M.D.	ADDRESS	Penn St. Balto	., MD.
	BUBIAL CREMATION, REMO	236 DATE 239 NAME O	F CEMETERY OF CREMATORY PARTY 1250. DATE	Allanta	COUNTY ATATE
6	Joseph L.	ADDRESS 222-26	w yorch AU	4 1981 Francis	STRAR'S SIGNATURE

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Cunningham Mountcastle Funeral Home Woodbridge

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/			STATE OF MARYLAND	
1/2	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 8	9 1 0
40		- STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
7	T.	DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN TOWNSHIP	DAY YEAR 126 HOUR
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ASE ES. IRS	E L	HERBE		6 1961 YOU W
Ď P C P P	3.	SEX 4 RACE	S. DATE OF BIRTH MONTH DAY YEAR LASE BIRTHDAY MONTH M	DAY YEAR 2d. HOUR
Z. F. E.	27	M CAUC	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 7	18 1981 182 M
N Y D N	9 7	BIRTHPLACE (STATE OR	The CITY FAIR OF WHAT COUNTY OF CITY OF COUNTY	
A SER		FOREIGN COUNTRY)	MARRIED NEVER MARRIED	OI DEATH
S NECESSARY, PLEASE EFUNERAL DIRECTOR. 5. FOR YOUR FRES. D. WITHIN 72 HOURS	3 / /10	00	WDOWED DIVORCED MONTGOME	ery MD.
	20 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK	
LAY O TH PAG F FIL	R10	BETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE)	MEDICING
	SZ III		E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	MEDICING
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21201 F ANY P. AND 3. RETA SHOUL	WE / LE	DC -	- WASHINGTOW YES & NO 1 4480 DEXTER	STNW
D. 2 H. H. 3.	₹ 14	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
PEATH.	₹)()//	THOUSE	MIDDLE AST FIRST MIDDLE	LAST
A SE	0 -1	a. WAS DECEASED EVER IN U.S. AR	ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS C.	COLE
BALTIMORE, RS AFTER DE GIVE PAGE. WITH FORM PAGES 1 AN	Z 2 10	(YES, NO OR UNKNOWN) (IF YES, GIVE	VE WAR OR DATES)	CATFALLSVA
A A HIT	JSI _	105 W	WI 579-60-3807 WHYNE GATES 1210 MOLLYKNOL	L OR.
W. WI'S	20	18 CAUSE OF DEATH (Enter of	only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
- 0-0=	uì l	PART I DEATH WAS CAUSE	SED BY.	BETWEEN ONSET AND DEATH
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ST Z Z E		4701	DUE TO, OR AS A CONSEQUENCE OF	
W. PRESTON WITHIN 24 FENCIL IN ITEM AMINER ALON TRANSIT PER	EMOVA	Canditions, if any, which		INDEP
TRAIN A	RE L	cause (a) stating the <u>under</u>		
E E XX	X &	lying cause last.	CUPYLIANI KEMATAMA	18 1111
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RECORDS,	_		NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
AS AS	A W A	0		
ALRE HOULD "PET HIEF A	E SE	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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CERTIFICATION OF THE STATE OF T	SEP	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE	TIE PLACE OF INJURY (AT HOME STREET CITY OF TOWN CO	
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PANA	STATE 21201	AT WORK	DAIVE OF TOO DEATER OF STREET	
A TE		22a. I certify that I took char	arge of the remains described above, held an Autopsy 🔲, Inspection 💁, Inquiry 🛂, ond in my a	pinion
N S S S S S S S S S S S S S S S S S S S	AND	death resulted from: Natu	tural causes . Acident . Suicide . Hamicide . Undetermined manner .	
EXAM CERTIN UID B	€ S	1		, ,
CAL EXA	Y A A	ACTUAL	TITLE (SPECIFY) DATE	7/21/41
Z HE HE	E A	SIGNATURE	M.D. DEPT. MEDICAL EXAMINER SIGN	ED
NE 15 P	O O O	EXAMINER'S NAME	/ C Male and 1 d	27014
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL D	明書	(TYPE OR PRINT)	ADDRESS 8 200 Wis cons on Aux De	THESON MIS
5 PA S	¥ 8 73	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	
Y		Burial	7/21/81 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN Brentwood, Pg C	TTY MD STATE
BP	2/	FUNERAL DIRECTOR	250. DATE RECID. BY REGISTRAR 256. REGISTRAR'S	-//
- DHMH - 1 (VR A15 ME		HINES-Rinaldi FH	H 11800 New Hampshire Ave	Vitalone
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STATE OF MARYLAND

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DS, 201 quires th quires th signed I hen plea to burial ijury, ar	N.	PART 2. OTHER SIGNI	FICANT C	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	NIN PART I(a)	
L RECOR	CERTIFICATION	19a DATE OF OPERATION	NC	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		WERE FINDING NG CAUSES OF	
OF VITA ICIAN: Th g physicio ertificate iol-tronsit intol Hygie em 18 sho		210. ACCIDENT WAS UNDER	USE OF DEA	111	M. MONTH	DAY YEAR	21c. HOW IF	NJURY OCCURE	RED (ENTER NATURE OF INJU			
DIVISION C OPHYSIC of the this ce os the burie th and Men	MEDICAL	(IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE	D	21e. PLACE		E, FARM, ETC.)	21f LOCATI		CITY OR TO	wN	COUNTY	STATE
o o o o o o o o o o o o o o o o o o o		22a. I certify that (I) (t	his hospit			April		. 19.00	10 7/23/	, 19	, tha	at (I) (we) last
A ATTEND hospital o hospital o RECTOR: A red for use on 21 is m	0	saw the deceosed abave, (I) (we) (did 22b. SIGNATURE	olive an d) (did nat	view the body	after death.		nd that in (my DEGREE) (aur) opinion (death occurred on the d	ate and hour o	and from the cau	
the the post of th		Leren	YX	Cool	_			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [7/2	8/81
TO HOSPITA retoined by TO FUNERA should be de with the Stal		22d. PHYSICIAN'S NAM		. 0	ooke		22e. ADDRE	K	in a	ا میا	1000-	4
Should should be	23a.	BURIAL, CREMATION, RI		23b. DATE			EMETERY OR		23d. EOCATION CITY OR TOWN		L COUNTY	STATE
1000BP		BURIAL		30 Jole	1981 R	IVERDA	R Mam	GARDEN	S UPPER MAR	boro	PG.	mo.
DHMH-16 30M 2/80 (VRA 15, 4)	6	UNERAL DIRECTOR	412		ADDRESS		mid	ALIG	E REC'D. BY REGISTRAR	REGISTRA	AK'S SIGNATUR	E M

Contract of the second of the AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN DO 2a DATE (TYPE OR PRINT) OF ESTI-81 Godfrey Clarence DATE OF BIRTH 189 1 AGE (IN YEARS IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS DATE LAST BIRTH YE MONTH PRONOUNCED X898 XX DEAD Aug. 1, Male White 19 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED NEW YORK USA Montgomery County WIDOWED DIVORCED CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1114 Dryden Street Retired Tel. Silver Spring Co 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 13b COUNTY 1114 Dryden Street Silver Spring Maryland Montgomery YES X NO [used as a burial - transit permit. Pages 1 and 255 of Health and Mental Hygiene, division (syltal) Rial, cremation, or removal. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Bekies Godfrey Mortimer Carrie Berry 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) Ruth F. Godfrey-wife-(same as 13e) no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Metastatic carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which carcinoma of the stomach. gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, None YES 🗌 NO DO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME, 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STATE STREET CITY OF TOWN COUNTY 22a. I certify that I taok charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Undetermined manner death resulted from: Natural couses Suicide TITLE (SPECIFY) ACTUAL DATE SIGNED. 7/28/81 Deputy MEDICAL EXAMINER SIGNATURE 1919 Seminary Road EXAMINER'S N Silver Spring, Montgomery, John Rogers. ADDRESS. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 7-31-1981 Parklawn Cemetery RockVille Montgomery Burial 25b. REGISTRAR'S SIGNATURE Warner E. Pumphrey **DHMH-17** (VR A15 ME (5) 8434 Georgia Ave. 15M 2/80

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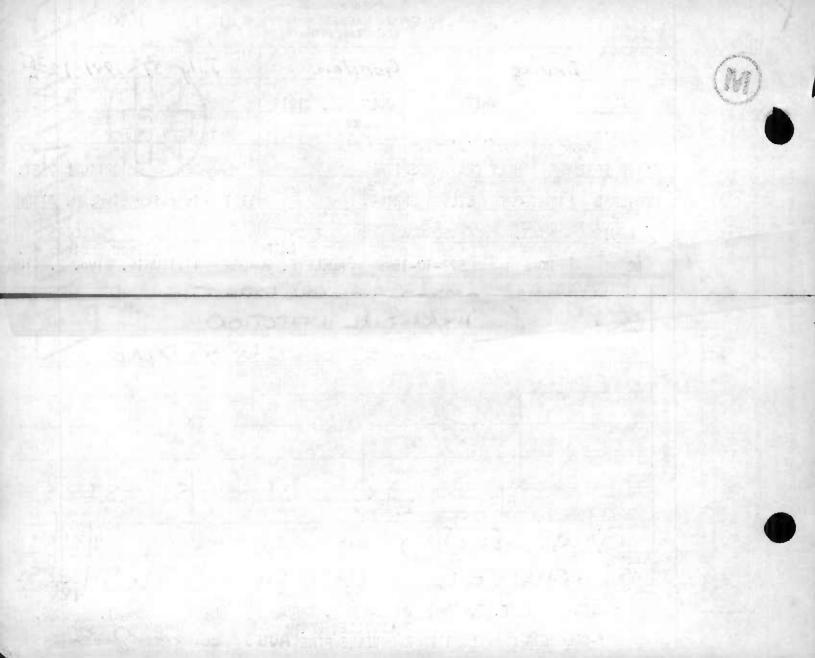
-	1	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		189	2 3
10		CEASED NAME FIRST	T MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 2	b. HOUR
13 24	(117	EVE	a L.	Goebel	July 2,	1981	3:22 A
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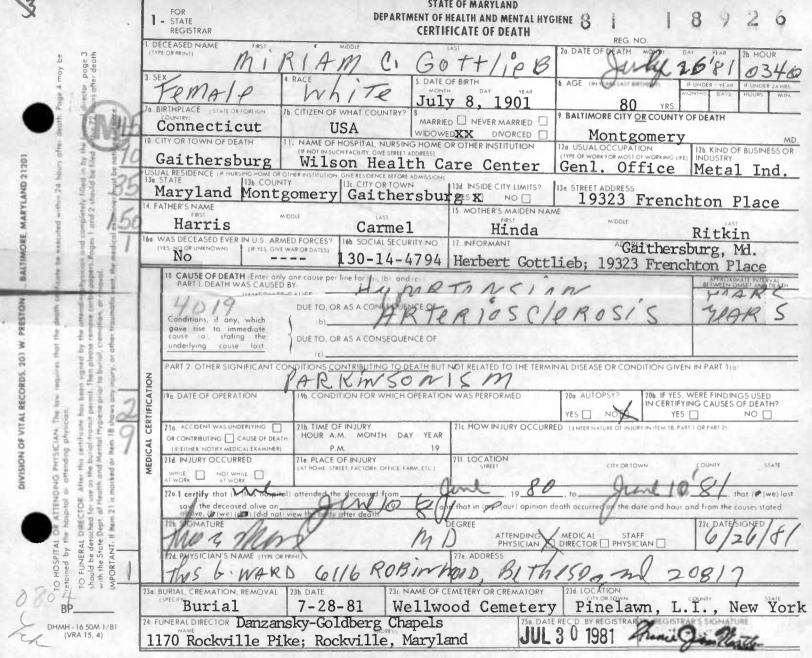
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ROBERT A. PURPERSEY WHILE AL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚼 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME AAIDDLE LAST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) WILLIAM July 24, 1981 H. 9:55pm GOLLIDAY 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) DAYS HOURS DEC. 6, 1913 MALE WHITE 67 TO BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery Virginia USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Road Dept. Olnev Montgomery General Hospital Equip. Oper. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 428 Ga.i Maryland Mont. Gaithersburg Gaither St. YES TX 4 FATHERS NAME 15 MOTHER'S MAIDEN NAME James H. Golliday LAST Ida F. Proffitt ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 225-09-8820 Phyllis C. Golliday Same as #13 no 18 CAUSE OF DEATH :Enter only one cause per line for to PART I. DEATH WAS CAUSED BY 3 wles IMMEDIATE CAUSE CONSEQUENCE OF 4 eves angolul Conditions, if any, which gove rise to immediate couse to, stoting RELATEDATO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 786 IF YES, WERE FINDINGS USED machton NO I THE HOW INJURY OCCURRED. JUNIOR MATURE OF BUILDING IN TEACH IS PART & CREAKE 23 HOUR A.M. MONTH OF CONTRIBUTING CAUSE OF DEATH MEDICAL I FEITHER NOTEY MEDICAL ERAMINERS 19 211 LOCATION THE INJURY OCCURRED THE PLACE OF INJURY CITE OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, STC.) 12s I certify that (I) this hourfful attended the deceased from saw the deceased alive an and that in I'my less apinion death occurred on the date and hour and from the causes stated 22k SIGNATURE DEGREE 27c DAVE ATTENDING: PHYSICIAN DIRECTOR PHYSICIAN FUNETA wild be the fire 22# ADDRESS 731. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL ISPECIF BURIAL Riverview Cem. JULY 28,198 Strasburg Shenandoah BP. 24 FUNERAL DIRECTOR EGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 FRANCIS H. BARBER LAYTONSVILLE, MD. 20879 (VRA 15 (4))

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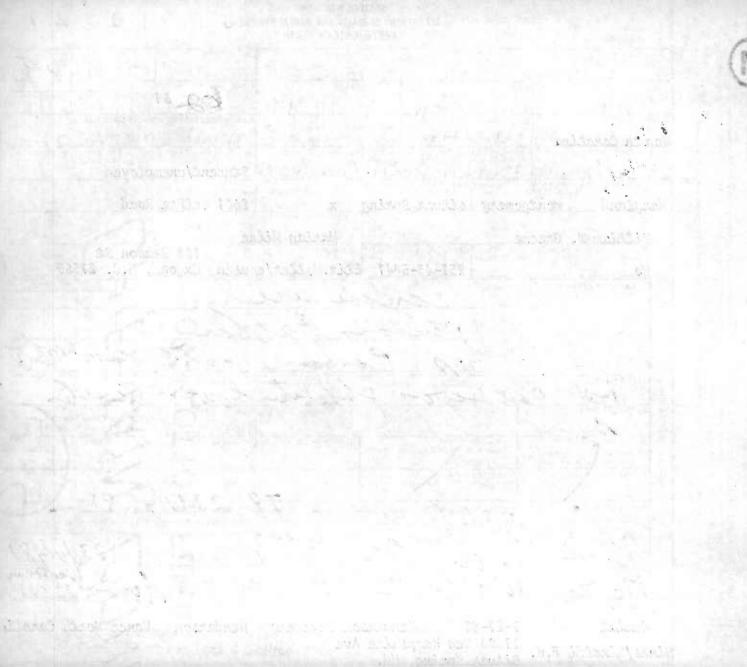
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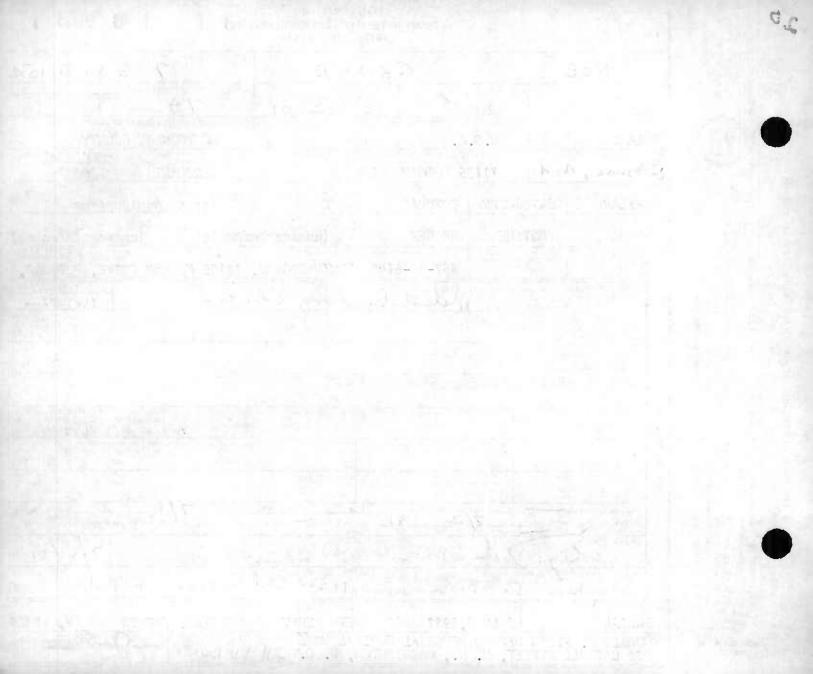




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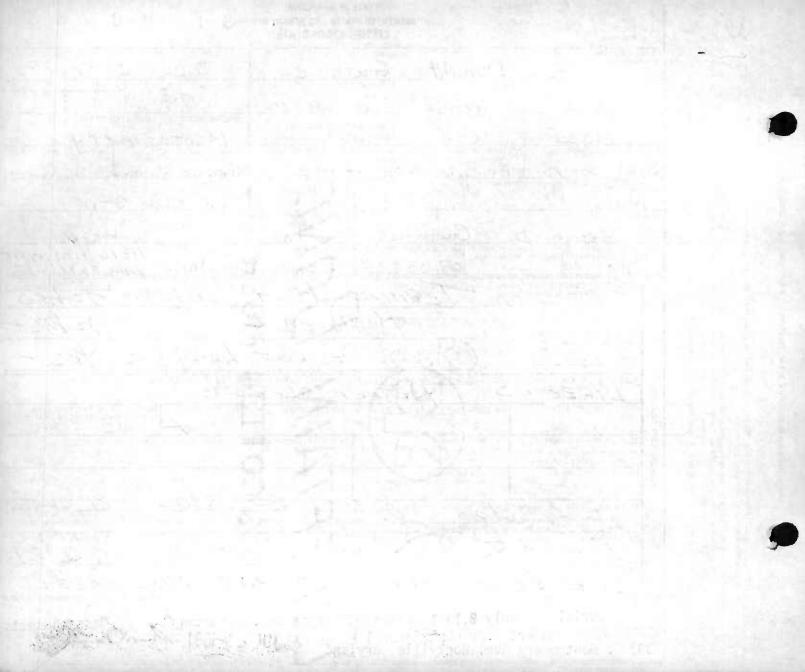
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2a. DATE OF DEATH Zb. HOUR (TYPE OR PRINT) Ghazi 181 Lawrence Hachem JULY 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male White 1953 Aug. 70 BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Georgia U.S.A. Montgomery DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 176 KIND OF BUSINESS OR nut View Ct. (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY dexmanteum? Walnut Store Mer. Autoukodessor. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ies 130 STATE 13b COUNTY 3 CITY OR TOWN 13e. STREET ADDRESS Md. Montgomery Germantown 12902 Walnut View Ct. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Ibrahim K. Hachem Marv Berryman 12902 SWalnut View Ct.. 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-60-2061 Mrs. Mary Hachem Germantewn, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). Trauxlen PART I. DEATH WAS CAUSED BY week IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Devolutio Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M Ž orked or 21d. INJURY OCCURRED 71e PLACE OF INJURY 711 LOCATION (AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) CITY OR TOWN COUNTY STATE WHILE JAN S deele. 72a.l certify that (1) (this hospital) attended the deceased from and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated above ((1)) we) (did) (did not view the body ofter death. 77b. SIGNATURE DEGREE 22c. DATE SIGNED TTENDING MEDICAL STAFF TO FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN 72d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES DRIVE Silver Spran SHERER MID 231. NAME OF CEMETERY OR BEHALDRY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 73b. DATE Burial Christ's Church Durham Nanjemey Charles DHMH-16 60M 1/73 Gaithersburg. Md. 20760 lance (VR A 15 (4)) Gartner Sandison F. H.

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DS, 2	signe hen p	ijury,	z	PART 2. OTHER SIG		NAR		V FA			-				ACCIDENT
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L RE	he lo on. hos l	2	CERTIFICATION								YES [NON	IN CERTIFY YES	ING CAUSES C	DE DEATH?
VIIV	N. T hysici cote ronsi Hygi	8 7	ĕ	210 ACCIDENT WAS UN	had I	16. TIME OF		DAY YEAR	21c. HOW IN	VJURY OCCUR	RED (ENTER N	ATURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PART ?)	
0	SICIAN: ng physicertifical priol-tron entol Hy	He H	MEDICAL	OR CONTRIBUTING	ICAL EXAMINER)	P.M		19							
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ā	or or see os	morked		22a.l certify that (I		ttended the	deceased from	7/2	2/81	_, 19_81	, to	7/23	, 19	98/	hat (I) (we) last
	TTEN Pritol TTOR: for us	21 is		saw the decease obove, (1) (we) (ed alive on	7/2°	fter death.	81,0	d that in (my) (our) opinion	deoth accurr	ed on the do	te and hour	and from the co	ouses stated
	OR A DIREC	He He		The Signature	600	1/		MD	DEGREE	ATTENDING .	▲ MEDICAL	STAF	F	22c. DATE S	IGNED 181
	by the	ž		22d. PHYSICIAN'S N	AAAE (TVBC OR REILIT)	Im	V	7	22e ADDRES	PHYSICIAN D	DIRECTOR	PHYSIC	IAN 🗆	17/	29/01
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11.	Items #18a FOR - STATE REGISTRAR	-22a Fil	D	7/31/81rstat EPARTMENT OF H ICAL EXAMINI	EALTH	AND MENTAL H	YGIENE F DEATH	REG. N	1 8	9 3	8
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35 130.	Md.	136 COUNTY Mont		residence before admission 130 City or Town			13e. STREET 40	9 Good	Норе	Road	33
50		**************************************		d Jackson			nan Hall	MIDDLE		LAST	
160.	WAS DECEASED EVE (YES. NO. OR UNKNOWN)	R IN U.S. ARMED (IF YES, GIVE WAR	FORCES? OR DATES)	216-78-362		Vernan Jac	kson (m	other)		as #13	
CREMATION, OR REMOVAL.	Canditions, if gave rise to cause (a) statil lying cause las	immediate ng the <u>under</u> it.	AUSE (a) DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENCE O	F		Ţ] (a.				
21201 PRIOR TO BURIAL, CREMATION, WITH MEDICAL CERTIFICATION	190 DATE OF OPER	USE WAS	21b. TIME OF I HOUR A.M.	ON FOR WHICH OPERA NJURY MONTH DAY YEAR		AS PERFORMED?	O LENTER NATURE O	FINJURY IN ITEM 18	PART I OR PAR	20 AUTOPSYT	NO 🗆
MEDICA			TH P.M. 21e PLACE OF STREET, FACTO			CATION	CITY OF	TOWN	COU	YIMI	STATE
	ACTUAL SIGNATURE	M: Natural co	[32]	ibed abave, held an Accident , Suic		Hamicide	Undetermined	manner .	DATE SIGNE	7/10)/81
AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 320	EXAMINER'S NAM (TYPE OR PRINT) BURIAL, CREMATION (SPECIFY) Buria	REMOVAL 236. D	M. Dixon PATE 14-81	, M.D.	ETERY OF	CREMATORY	Penn St	Ν	O., M	ITY ST	ATE
24	FUNERAL DIRECTOR George R.			Washingt		To the same of the	EC'D. BY REGIS	TRAR 256 REG	ISTRAR'S SI	ta. Md.	

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KERREREE Local Local Lance (41)

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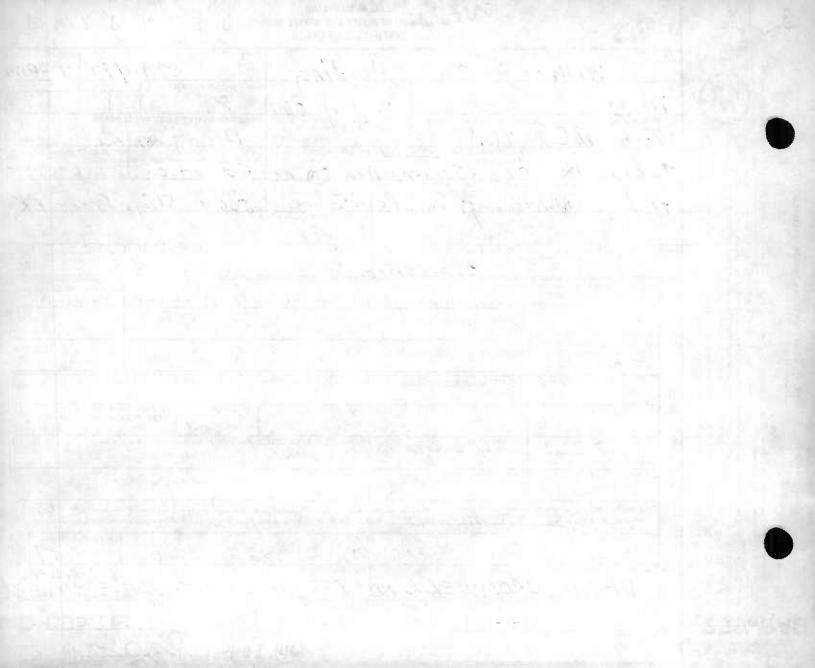
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	ESSARY, PLEASE RAL DIRECTOR. R-YOUR FILES. HHIN 72 HOURS RESTON STREET,	3 SEX Fema		White	S DATE OF BIRT	Y YEAR	6. AGE (IN YEAR LAST BIRTHDAY 26 YRS	MONTHS	DER TYR. IF	HOURS A		DATE ONOUNCED DEAD	Jul	NONTH 2	DAY VE	1 7 P
•	MIN S	EQBE IO	HPLACE (STA		76. CITIZEN OF	WHAT COUN	NTRY?	MARRIE		R MARRIED DIVORCED		ALTIMORE	CITY OR O		OF DEATH	MD
	SH REES IN	10. CITY	6 CKV	F DEATH	-/6/4	FACILITY GIVE	RSING HOME,	c D	rive.	I NC	FOR MOST	OCCUPATION OF WORKING I	LIFE)	WORK I	2b KIND OF OR INDU	BUSINESS
MD. 21201	2. AND 3 TO 1 3. RETAIN PA 2. SHOULD BE FALRECORDS.	Me	d.	FIN HURSING HOME IN COUNTY	or other institution NTY Prick	113c. CITY	BEFORE ADMISSION OR TOWN derick	4)	YES	LIMITS? 1:	3. STREET 4527	address Bucke	yster	m P	ike	
	AGES 1, 2, 2, 2, 2, 2, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	De	FIRST DNAME		MIDDLE .	5	mi.th		15. MOTHER' FIRST Bark	ara	NAME	WIDGLE			Hall	
BALTIMORE	AFTER SINE PU TH FOL TH FOL TH SION	(YES, N	NO OR UNKNOV		WAR OR DATES)	212	2–64–68		Rober	rt J.	Hall				stewn Md. 21	701
101 W. PRESTON ST.,	UID BE EXECUTED WITHIN 24 HOURS "FENDING" IN PENCIL IN ITEM 18. G A MEDICAL EXAMINER ALONG WIT ED AS A BURIAL - TRANSIT PERMIT P HEALTH AND MENTAL HYGIENE, DIV AL, CREMATION, OR REMOVAL.	18	153 Canditiangave rise	IMMEDIA s, if any, which to immediate stating the under-	DUE TO,	DR AS A COM), and (c).) I D O M NSEQUENCE OF		7. L	ive					APPROXIM BETWEEN ON	ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W.	D BE EXECU FENDING" I MEDICAL E AS A BURI EALTH AND CREMATIO				CONTRIBUTING TO DEA						T (o).					
VITALR	55 H 20 5	TIFIC	a. DATE OF	CAUSE WAS			WHICH OPERA					41			20 AUTOPS	14
SION OF	WER: THIS CERTIFICATE SHC CATE, WRITING THE WORD FORWARDED TO THE CHI OR: ROGE 3 SHOULD BE U. HE STATE DEPARTMENT OF IND, 21201 PRIOR TO BURI	S C	NDERLYING	OR CAUSE OF	DEATH FLAC	OF INJURY A.M. MONTH A.M. E OF INJURY	19 (AT HOME,	21t. HO	W INJURY O	CCURRED	ENTER NATU	RE OF INJURY IN	ITEM 18 PART	T OR PART	2)	
No.	E, WRITI EWARDE PAGE 3 STATE DI	W A		NOT WHILE AT WORK		ACTORY, FARM, E			REET			YORTOWN		COUN	MA	STATE
	RTIFICATION BE FOR INTERPRETATION BE FOR INTERPRETATION BETTER BE		220 (certify death resulted		ge of the remains or ral causes .	described abo Accident	ove, held on Suici	Autopsy ide ,	Homicide	e .		nquiry 🔽		n my apin	nan	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIL PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		CTUAL GNATURE _	Jel	n 15. Te	Brel		M.[De P	wty	_MEDICAL	EXAMINER		DATE	July 2	5. 1981
	TO ME EXECUT PAGE A TO FUR AFTER I	(T	AMINER'S N YPE OR PRIN	IAME Joh	n G. Bal		outy NAME OF CEME		DDRESS					COUNT	Bethes	da,Md.
6	BP		Bur:		July 27,		orest C		Tag-			ion ersbu		ionte	gomery	,Md.
ren	DHMH-17 (VR A15 ME (5)) 15M 2/80	Gari	tner S	andisen	F. H. C	aither	Diamond sburg,	Md.2		MH 3	0 19		Tene ()	Marth	n

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S.O. North Miles Commission

24			m 7a g557 7/24/81	gj	STATE OF MA	ARYLAND AND MENTAL H	AVCIENE		-10		-
0		11-	TATE EGISTRAR	MEDICAL EXA		RTIFICATE	63		8	9 4	2
		1. DE	EASED NAME FIRST	WIDDLE	IA	sī		REG. NO.	MONTH	DAY YEAR	26. HOUR
1	1. S.S. S.	(TYP	HETTIE?	<i>†</i> -	Har	+mar	OF	H MATED		8 198	1 300
	PLEASE CTOR. SFILES. SREET,	3. SEX	MON	ITH DAY YEAR LAST	(IN YEARS IF UND BIRTHDAY) MONTHS		R 24 HRS. 2t. DA	TE LINCED	MONTH	DAY YEAR	26 HOUR
	1 25		White 50	17 29 1910	DYRS.	DATO HOURS	DE	AD C	10/9	8 1981	3AM
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		THPLACE (STATE OR 7b. CI	TIZEN OF WHAT COUNTRY?		NEVER MARR	RIED 🔲	IMORE CITY OR		OF DEATH	
	\$50 ×	10 C	Maryl nd Y OR TOWN OF DEATH II. N	ME OF HOSPITAL NURSING	WIDOWE			UPATION (TYPE C	6 /77		MD.
	PAGE FILED	1		NOT IN SUCH FACILITY, GIVE STREET ADI	PRESS) A VE		FOR MOST OF V		OF WORK	OR INDUS	TRY
5	Y DE		RESIDENCE (IF IN NURSING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE BEFORE	DMISSION)	A three city recity	la cross tos	0500			
2120	AND	130. 3	mel, MONTE	GAITHS	/	YES P NO	13e. STREET ADD	USSell	A	ve.	
M	TH. III. 2, N. 3.	14. F/	HER'S NAME	E LAST	1	S. MOTHER'S MAID	EN NAME	MIDDLE		/ LAST	
ORE,	OEN PSE	C	harles	rendura	-4	Ethel			Roc	beck	4
TIME	JRS AFTER DEATH. IF ANY DEU B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P T. PAGES I AND 2 SHOULD BE DIVISION OEVITAL RECORDS	160 V	AS DECEASED EVER IN U.S. ARMED FO , NO, OR UNKNOWN) (IF YES, GIVE WAR OR	DATES)	3-4012	MIS	1	ADDRESS	. 1.	1	1
¥ ×	RS A GIN PA(=	18 CAUSE OF DEATH (Enter Drily one	ara s		Lucz : 60	ora I	241640	3/00-	APPROXIMA	TE INTERVAL
TST.	24 HOURS ITEM 18. G LONG WIT PERMIT. P GIENE, DIV		PART I DEATH WAS CAUSED BY:	11.400	f 2 +10	Care	No m	a —			ET AND DEATH
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- A	AL H	1	Canditians, if any, which gave rise to immediate	(b) Corci	nem2	offe	179				
W.	EXECUTED WITHIN 24 HOUS ING" IN PENCIL IN ITEM 18. ICAL EXAMINER ALCONG W A BURIAL - TRANSIT PERMIT. H AND MENTAL HYGIENE, D MATION, OR REMOVAL.		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			100000			
5, 20	EXECUTED NG" IN PRICAL EXAM BURIAL - 1 AND MEI WATION, C			(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201		NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIR	UTING TO DEATH RUT NOT RELATED TO T	HE TERMINAL DISEASE O	R CONDITION GIVEN IN PA	ARI 1 (6).				
8		CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS	PERFORMED?				20 AUTOPS	Y?
VITA	子名 1 1 2 2 2	E								YES 🗆	NO D
10	S S S S S S S S S S S S S S S S S S S		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOV	V INJURY OCCURRE	ED (ENTER NATURE OF	INJURY IN ITEM 18 PAI	RT I OR PART:	?)	
Sion	SHOR SHOR	MEDICAL	CONTRIBUTING CAUSE OF DEATH	P.M. 21e PLACE OF INJURY (AT HO	19 21f. LOCA	TION		AS I			
DIV	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD."PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE OVED BAFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR,TO BURIAL,	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STRI		CITY OR	TOWN	COUN	ΓY	STATE
	R: TH TE, V RW/ R: PA R: PA D, 21	13	22a. I certify that I taak charge of the	remains described above hele	lan Autapsy	, Inspectio	an ZI, Inqui	ſX			
	AN FIRE SAME		death resulted fram: Natural caus	~71 m	Suicide ,	Hamicide .	Undetermined		in my apın	ian	
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	UNE NO PE	1	EXAMINER'S NAM						0	1	
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Les	DHMH-17	24 F	NERAL DIRECTOR	ADDRESS 00	A 1	2 JUPATE	REC'D BY REGIST	RAR OS REGIST	RAR'S SIG	NATURE	
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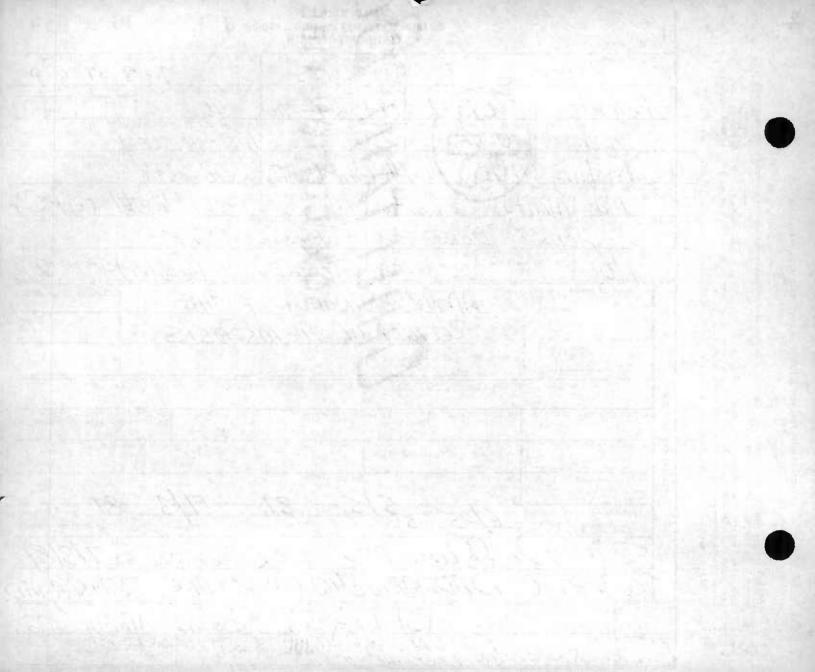
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Po		1-	STATE					CERTIFICATE	E DEATH	1 8	9 4	3
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	SE. ES. ET,		E OR PRINT) RITA		S	HARTNETT		5101	20. DATE KNOWN OF ESTI- DEATH MATED [7 MONIH 8	81	7:20A
	PLEASE ECTOR. FILES. HOURS	3 SEX	4. RACE	5. DA	TE OF BIRTH	YEAR 6. AGE (IN		NDER 1 YR. IF UNDER		MONTH	81 YEAR	2d HOUR
	X 2 0 0 0	F	emale Cauc	asian			RS. MON	THS DAYS HOURS	MIN. PRONOUNCED DEAD	7 8	19	73 1
	ECESSAR INFERAL FOR YOU WITHIN T	7a 8	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CI	ITIZEN OF WE	AT COUNTRY?	8. MARI	RIED NEVER MARR	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
	7 2 2 2 2 A		O.C.	1	USA		WIDO		= LIOITIGOI	TERI		MD.
	ELAY IS N TO THE FI PAGE 59 BE FILED, S, 301 W	10. CI	BEAMABADE	11. N. (IF	AME OF HOS	PITAL, NURSING HOA UIRBANEET ADDRESS	AE, OR OT	HER INSTITUTION	120. USUAL OCCUPATION ITY FOR MOST OF WORKING LIFE) Housewife	PE OF WORK	OWN HON	JSINESS RY
	ANN 31	USUA	AL RESIDENCE (IF IN N.	GAOME OR OTHER	INSTITUTION, GR	E RESIDENCE BEFORE ADMIS	SION)	1.72			OWII IION	
MD. 21201	OURS AFTER DEATH. IF ANY DELAY 18. GIVE PAGES 1, 2, AND 3 TO TI 5. WITH FORM PM. 3. RETAIN PAC WIT. PAGES 1 AND 2 SHOULD BE FIL E. DIVISION OFWITAL RECORDS, 30	13a. S D4	C	COUNTY		Washingt	on	YES XX NO	13e. STREET ADDRESS 5425 Conn. A	ve. No	orthwest	
0.3	H. IF	_	THER'S NAME					15. MOTHER'S MAID	N NAME		LAST	
, X	DO PAND 2		Louis	A.	A. Spiess Joanna I. Williams							
AO R	PAG ORN NO	16a. V	VAS DECEASED EVER IN		ORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRES	10A	W. Chat	nan
BALTIMORE,	GIVE GIVE	No		TES, GIVE WAR OR	DATES	578-12-2	167	James C.	Brincesield Jr	. Alex	kandria.	. Va.
8	HOURS A 18. G AG WIT MIT. PA		18 CAUSE OF DEATH (Enter only one	couse per line						APPROXIMATE BETWEEN ONSE	EINTERVAL
157	HIN 24 HOU IN ITEM 18. R ALONG V ISIT PERMIT. HYGIENE, D		PART I DEATH WAS	CAUSED 8Y: MEDIATE CAU		aretio Va	Scu	100 Die	ere-		BETWEEN ONSE	I AND DEATH
PRESTON	A ALC		4960	(AS A CONSEQUENCE						
8	UTED WITHIN N PENCIL IN EXAMINER A SIAL-TRANSIT N MENTAL HY		Conditions, if ony, gave rise to im-		(b) C	hromse - t	יחוע	1017214 0	betruction			
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0	ARITH ARITH	ICAI	CONTRIBUTING CAL			19						
DIVISION	THIS CERTIFICATE SHO WRITING THE WORD WARDED TO THE CHILL AGE 3 SHOULD BE US TATE DEPARTMENT OF BURIAL,	MEDICAL	21d. INJURY OCCURRED WHILE NOT WH			OF INJURY (AT HOME, ORY, FARM, ETC.)		STREET	CITY OR TOWN	cou	NTY	STATE
	R: THIS C TE, WRIT DRWARD SWARD STATE 21201 PI		AT WORK AT WOR	К								-2070
			22a. I certify that I too	ok charge of the	e remains des	ribed abave, held an	Autap	osy . Inspection	n 🔀 Inquiry 🖄, as	nd in my opi	nian	
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	EXAMIN CERTIFN ULD BE DIRECT WITH T		ACTUAL	0.2	9- 1	0.01		TITLE (SPECIFY)			1610	1001
	HOHOUNTH,		SIGNATURE	Mah	1/1. /	sau C	^	A.D. SHPUT	MEDICAL EXAMINER	SIGNE	frely 3	1701
	AOR AOR		EXAMINER'S NAME					/		0		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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4			1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF THE REGISTRAR CERTIFICATE OF DEATH
				REG. NO.
	ф ф ф			CEASED NAME FRST CE MIDDLE A. HAWKINS 20. DATE OF DEATH MONTH DAY YEAR TO HOUR TO PRINT! BEATRICE A. HAWKINS 7-3-81 5 PM
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ad community should be detached for use as the burial-transit permit. Then please remove corbonpapers. Propertional with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR MIDDLE I. DECEASED NAME TYPE OR PRINT) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3. SEX HOURS DAYS MONTH aucasion BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY Je. BIRTHPLACE (STATE OR FOREIGN MARRIED WEVER MARRIED Montgomery Altimore WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS clerk cleins Dring USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 130 TITY OR TOWN 134 INSIDE CITY LIMITS2 13e. STREET ADDRESS alled buld b 4529 Bennion NO IP YES T tely 2 sh IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME pho 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH pope 18. CAUSE OF DEATH (Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Canditions, if lany, which gove rise to immediate cause (D), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ple ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ICATION 0 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? ā NO YES T NO [Sho 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY DIVISION OF VIT 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21s. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) this haspital) attended the deceased from. and that in (my) (our) apinion death accurred a the day and hour and from the causes stated 22c. DAFE SIGNED DEGREE MEDICAL ATTENDING 30 PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) h the S PORT SHARGE KENSINGTON 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e BURIAL CREMATION, REMOVAL 236. DATE STATE 14 FLINERAL DIRECTOR DHMH - 16 25M (VR A 15 (4) 1 9/74

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ENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME DATE KNOWN MONTH LTYPE OR PRINT! OF ESTI-DEATH MATED 4 RACE 6. AGE IN YEARS IF UNDER 24 HRS DATE YEAR ST BIRTHDAY) PRONOUNCED Female | Cauc. DEAD BIRTHPLACE ISTATE OR b. CITUEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED & United States Maryland DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Homemaker Home 13e STATE YTHOO 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO S 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Thomas Brookes Mary Nourse 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Muncaster Rd. 18601 No 579-60-5935 Derwood Morgan Hendry. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20. AUTOPSY? 6-201 PRIOR TO BURLAL YES . (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 190 STATE WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an and in my opinion death resulted from: __ Notural couses_ Homicide Undetermined monner TITLE_(SPECIFY) SIGNATURE MEDICAL EXAMINER Seminary Rd. John S. Rogers Silver Spring, Maryland 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Rockville Cemetery Rockville Maryland Robert A, Pumphrey Funeral 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAP Db. REGISTRAR'S SIGNATURE DHMH - 17 Bethesda, Maryland (VR A15 ME (5)) Homes, P.A.

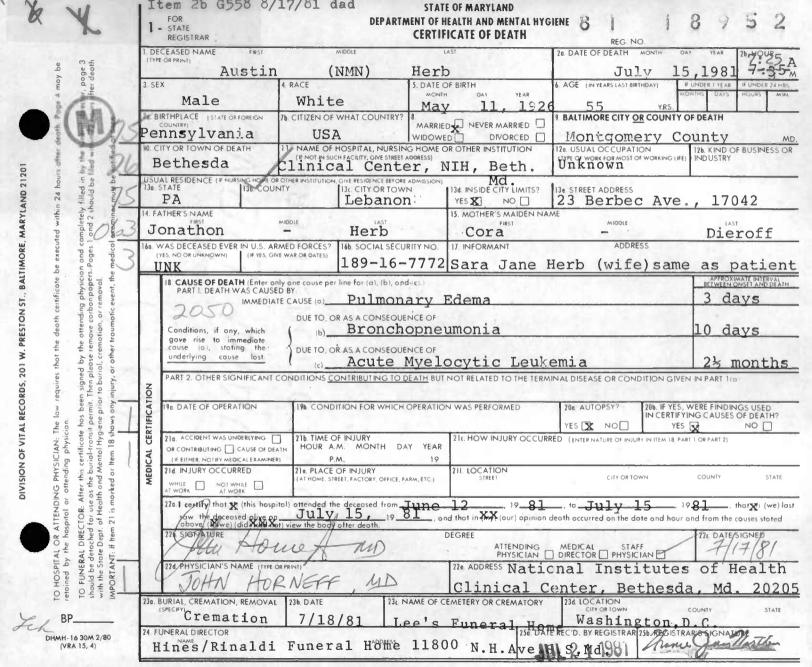
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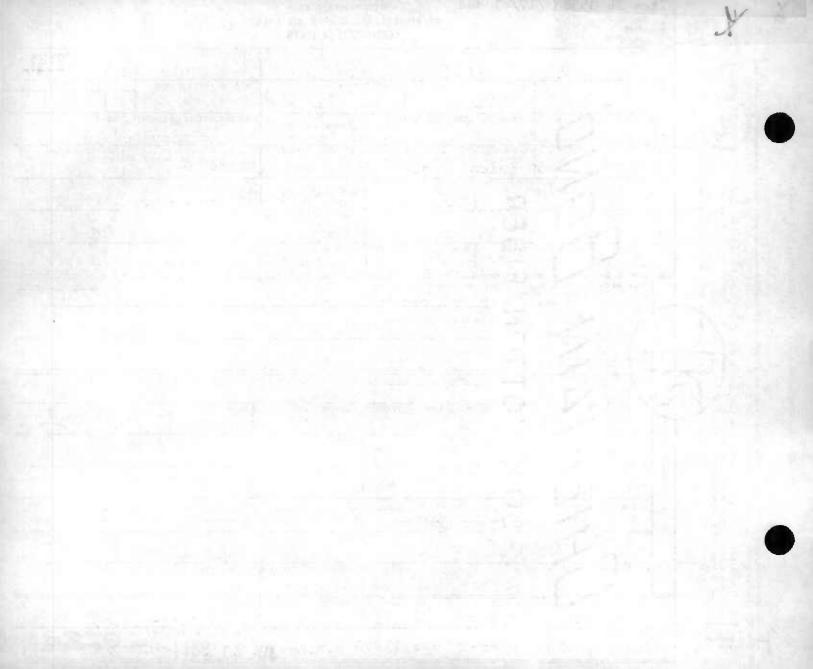
STATE OF MARYLAND

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Bethesda, Maryland

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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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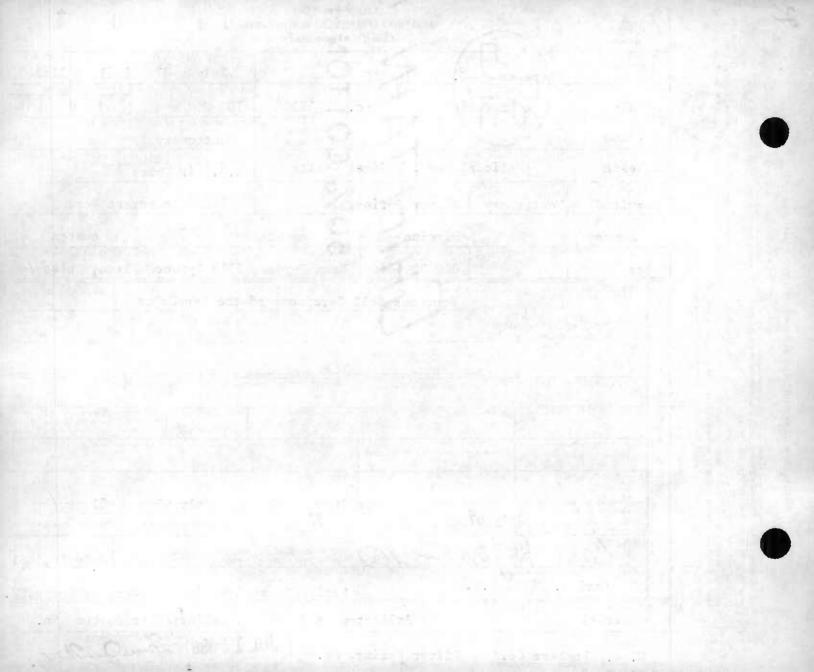
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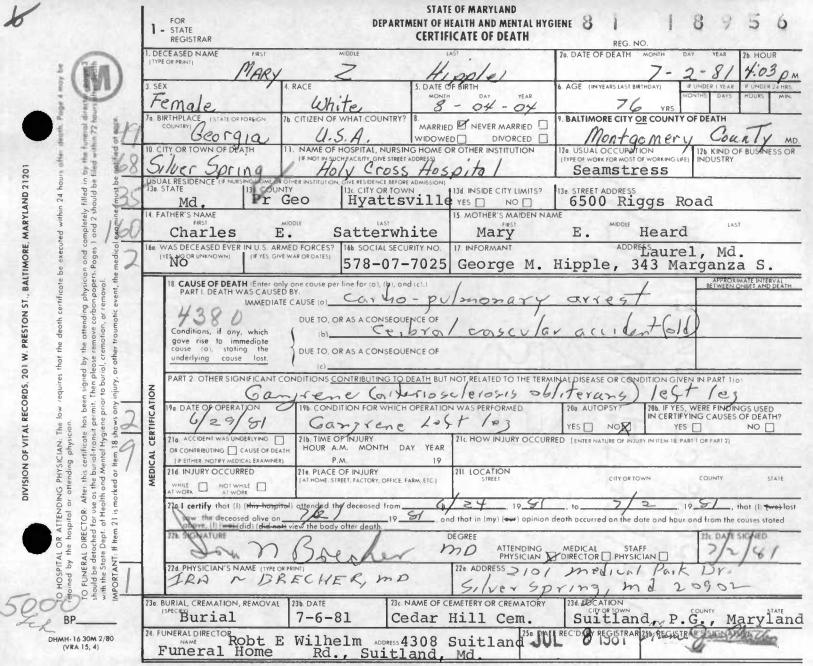
24 FUNERAL DIRECTOR

Silver Spring, Md.

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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ME TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED A FOR THE DEARTMENT OF HEAD BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CE	1	22a. I certify t	hat I took chorg	e of the remoins de	escribed above,	held on A	itopsy .	Inspectio	in 🔀	Inquiry 2	d, and in	n my opine	ion	
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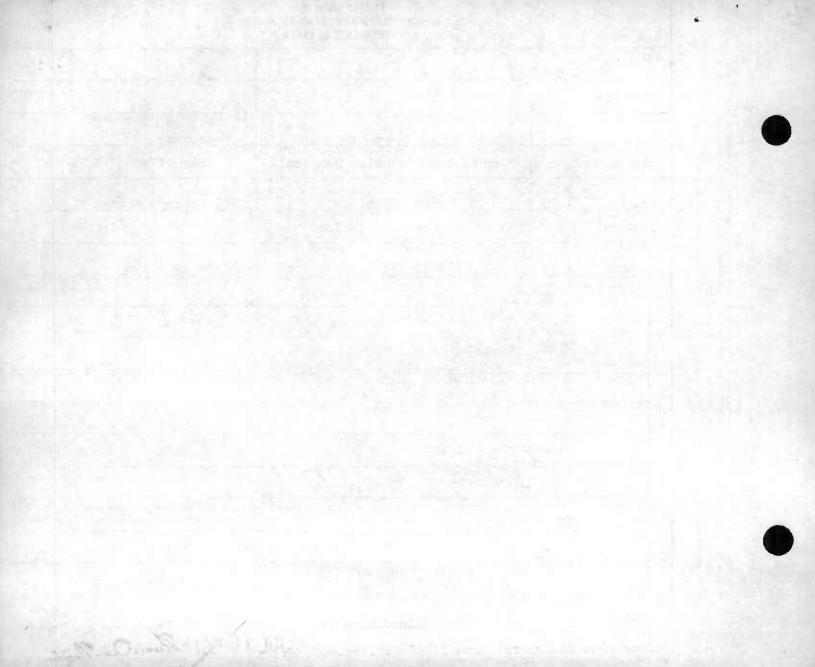
STATE OF MARYLAND - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Helen. DEATH MATED Ruth Hodges 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 895-LAST BIRTHDAY PRONOUNCED 7 F W DEAD To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT MARRIED X NEVER MARRIED Wash. D.C. DIVORCED ID. CITY OR TOWN OF DEATH SHOULD BE FILED, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Takoma Park HOUSEWIFE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. SIREET ADDRESS Dr.S.S.Md. Mont. 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME JOHN ANNA REAGAN 17. INFORMANT ADDRESS 8924 EDGEWOOD DRI 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO SON 214-74-6367 GAITHERSBURG. MD. F. HODGES APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a) stating the under-A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 : CERTIFICATION 20. AUTOPSY? NO DEPARTMENT C SHOULD BE CONTRIBUTING CAUSE OF DEATH NOT WHILE AT WORK Autopsy 220 I certify that I taak charge of the remains described above, held an death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER ROGERS SEMINARY 1919 **ADDRESS** 23d LOCATION 23g, BURIAL, CREMATION, REMOVAL 236 DAT 73c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) CEDAR HILL CEMETERY SUITLAND PRI GEORGES 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD. W. SILVER SPRING. MD. 20901 (VR A15 ME (5) 15M 2/80

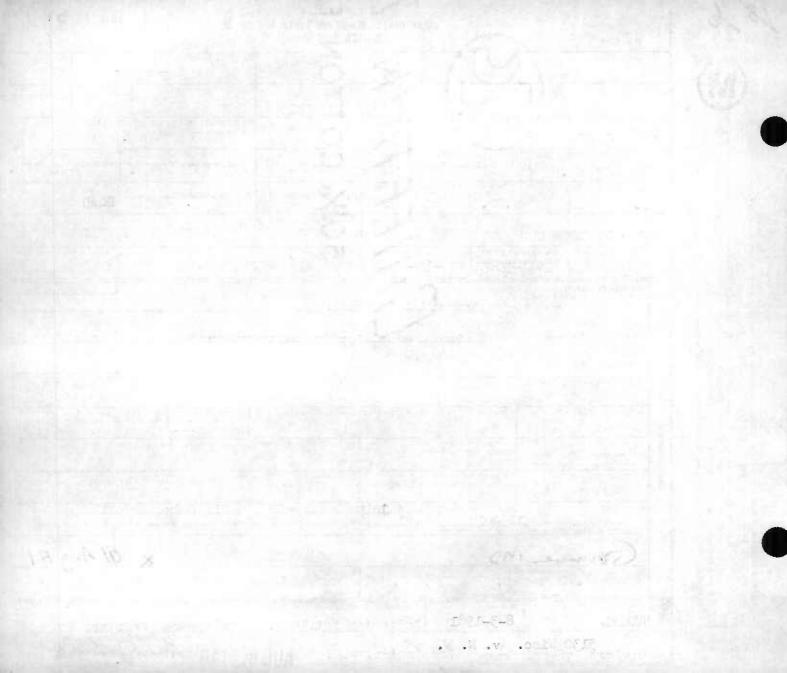
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE HCERTIFICATE OF DEATH REGISTRAR James S. REG. NO I. DECEASED NAME 20. DATE OF DEATH FIRST MON1H TYPE OF PRINT 8 MES 0 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH MONTH Male White 1898 Sept. To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED U. S.A. N. C. WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUP (TON 12b KIND (
ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 126 KIND OF BUSINESS OR Ret. Insurance Broker Hospital BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OR TOWN Washington DO 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 3128 Birch St. N. W. NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDI MIDDLE FIRST Holmes Joseph Jane Sprunt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Birch St. N. W. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES! Helen W. Holmes Washington, D. C. 2001 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the C-V disease underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? or Item 18 shows NO YES [the burial-transit and Mental Hygie 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased fram , that (I) (we) last saw the deceased alive an that in (my) (aur) apinion death accurred on the date and haur and from the causes stated (we) (did) (did nat) view the body after death. 22b. SIGNAT should be detach ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT S NAME ITYPE OR PRIN 22e ADDRESS appro 230. BURIAL, CREMATION, REMOVAL 236. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Suitland 7/13/81 Cedar Hill Crematory Cremation Wisc. Ave. NW 250, DATE REC'D. BY REGISTRAR BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) Joseph Gawler's Sons Wash., D. C. 20016

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	E 0 E 0 5	,	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
	O a Date		R. H. S.	andstrom	7701	Carroll Ave Takomo	Pank, Md 20912
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57	DOBP		(SPECIFY) Burial	7/29/81	I land Comptons	Ebenshurg	COUNTY STATE
12	DHMH - 16 50M 1/81		FUNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 24 REGIS	STRAR'S SIGNATURE
41	(VRA 15, 4)		Hines/Rinaldi Fi	neral Home 11	800 N.H. Ave. S. S. M.JU	L3 0 1981 Many	(O = 9)





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT July 16, 1981 Horace H. Hughes IF UNDER TYEAR 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR Malle Caucasian 1905 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY New Jersey United States WIDOWED DIVORCED Montgomery County. IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MATERIA. 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rockville Consultant Potomac Valley Nursing Home ity Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
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130 GITY OR TOWN 130 STATE 13e. STREET ADDRESS 136 SITY OR TOWN 13d. INSIDE CITY LIMITS? New Jersey Atlantic 41 Gulph Mill Road NO | 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Henry Hughes Edna Catlin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN Gwendolyn Hughes, Same as 13 No 100-26-5083 RETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES Hygiei 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER! 19 211 LOCATION 20 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the decoased from and that in (my) (and apinion death accurred on the date and hour and from the causes stated saw the deceased alive an_ 226. SIGNATU DEGREE July 17 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 1981 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 12105 Darnestown Road should b Ronald E. Greger, M. Gaithersburg, Maryland 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN resbyterian Burial New Jersey oldswring 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL DHAH-16 30M 2/80 (VRA 15, 4) HOMES, P.A., BETHESDA. MARYLAND

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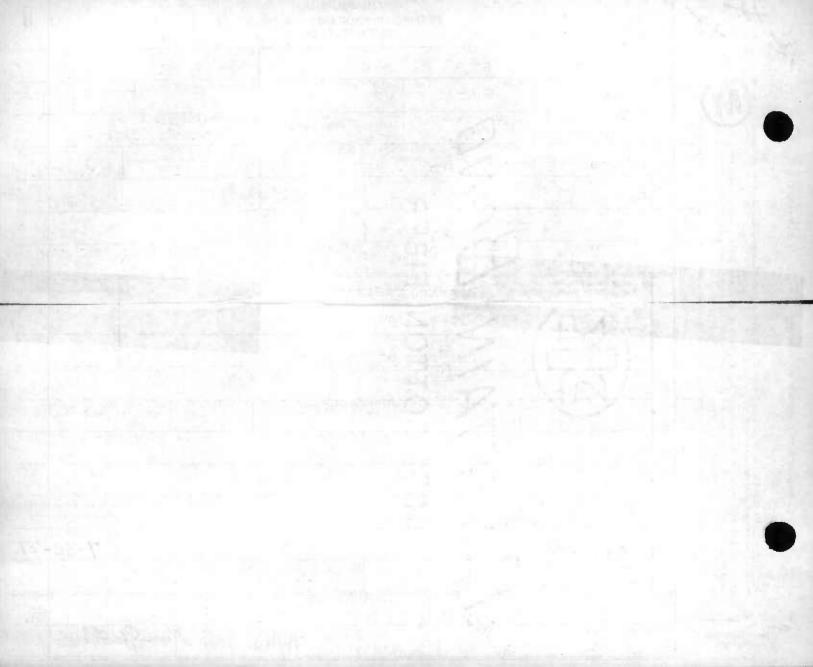
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1		ilver Spri		1313 Ster	wart Lane			FOR	Housewi	fe	OR INDUS	IRY
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1	14.5	THER'S NAME	Mont	·y•	1311ver S	pring				wart La	ne	
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4	(YI	S, NO, OR UNKNOWN)	(FYES. GIVE W	VAR OR DATES)					, T	Silver	ord Ave. Spring, N	44
			TH (Enter only	y one couse per line	215-36-4	203	Betty S	onaw (s	ister)	JIIVEI .	APPROXIMA	
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	CAT	19a. DATE OF OPER	ATION	196. CONDIT	ION FOR WHICH OF	PERATION W	AS PERFORMED?				20 AUTOPSY	?
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3		210. EXTERNAL CAU	OR		MONTH DAY YE	AR 21c. HC	OW INJURY OCCU	URRED LENTER P	NATURE OF INJURY II	NITEM 18 PART I OR	PART 2)	
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7	5	EXAMINER'S NAME										
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		INERAL DIRECTOR								b. REGISTRAR'S		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN HOMAS (TYPE OR PRINT) OF DEATH MATED 19 8 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 1d. HOUR DATE 2.3, 1941 LAST BIRTHDAY) PRONOUNCED Male Cauic. Mav 40 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) South Carolina/United States WIDOWED DIVORCED TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH KIND OF BUSINESS OR INDUSTRY OSPOTAL DRIVER Transporta-13d. INSIDE CITY LIMITS? 13g STATE 13e STREET ADDRESS FAIRFAX ENNA NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Follin Matthew Jackson Frances 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. WEBBS Rd (YES, NO, OR UNKNOWN) Cabin John, Md. Yes 15-38-6923 Gail E. Money CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last LCOHOLISM AND PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 TESTINAL 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO Z 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 3 SHOU 221981 CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 21. LOCATION WHILE AT WORK 8242120NB 220. I certify that I took charge of the remains described above, held an Autapsy and in my opinian Suicide death resulted fram: Marural causes 1 Acadent Hamicide Undetermined manner TITLE (SPECIFY) ā PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V EXAMINER'S NAME 1200 WISCONSIN TYPE OR PRINT) 23d. LOCATION 236. BURIAL, CREMATION, REMOVAL 236. DATE July 7 236. NAME OF CEMETERY OR CREMATORY 1981 Burial Mt. Zion Cemetery Maryland Bethesda. BP. 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH-17** (VR A15 ME (5)) Homes, P.A. Bethesda, Maryland 15M 7/77

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STATE OF MARYLAND



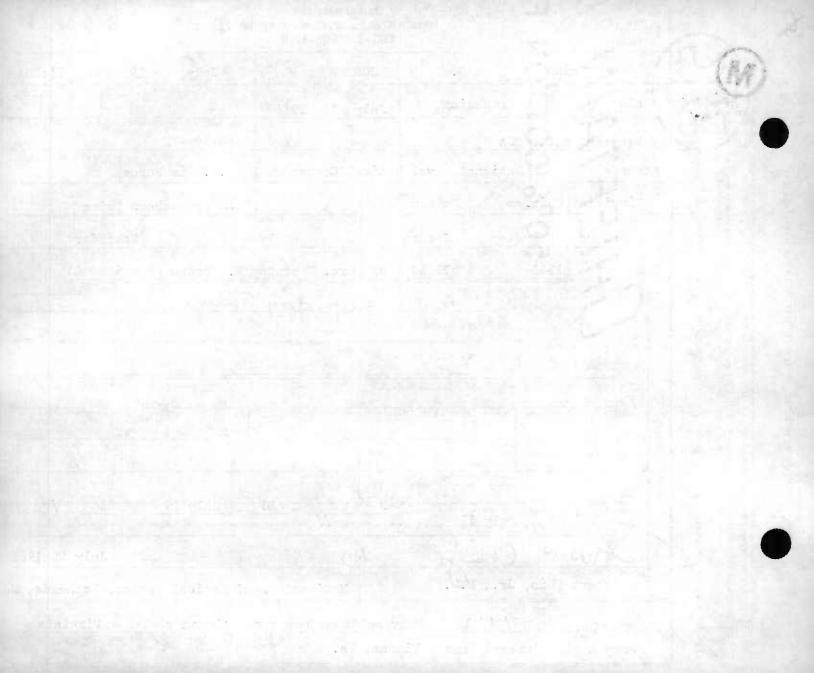
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o m #		OR PRINT)		1	TO DATE OF DEATH	AY YEAR 26 HOUR
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0 2 50 1011	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 75 HOUR SilAS TYPE OR PRINTS E 7-23-81 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Male White 6-11-1894 87 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Virginia U.S.A. Mont. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Takoma Park Washington Adventist Hosp. Ret. Cabinet Maker SUAL RESIDENCE IN NURS COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Pr. Geo. Adelphi YES X 10809 -Bornedale Dr. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Lee Jordan Unknown 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Same as IYES, NO OR UNKNOWN! HE YES, GIVE WAR OR DATES No 77-10-5144 E. Jordan (Son Milton Above APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY ized arteriosclerosis Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO. OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 0 CERTIFICATION Rniu, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? buriol-transit p NO YES [NO F 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL CIFEITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF IN JURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from 7 - 2219 81 sow the deceosed olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 276 SIGNATURE DEGREE 22¢ DATE SIGNED mow MO ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto 7-22-1981 FUNERAL MPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS FLOWER AVE SPRING Md 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) 7-25-81 Ft. Lincoln Cem. Brentwood Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Mt. Rainier. Md. Nallev's F.H.Ine.

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20		FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL	HYGIENE 8	18973
		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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may be page 3 death	1	re or PRINT) Invine	g R	Kaplan	07	03 81 11:45
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A dir hour	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
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after the fu	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	12h. KIND OF BUSINESS OR
hours hours	9	Rockville	Shady Grove	Adventist Hosp	. Accountant	U. S. Gov't
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W Sthere	6	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	MIDDLE	CAST
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icate be executed and colors. Pages 1 in wort, the me	1	WAS DECEASED EVER IN U.S. AR [YES, NO OR UNKNOWN] (IF YES, GIVI	E WAR OR DATES) 577-56		Yangan 20 South	h Surmit Avenue,
ficate be exprision and open. Pages 2008.	1				Kaplan Gaither	Sburg Md. 20877 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RECORDS, The law rec The law rec rmit. Then he prior to hows any it	2	190 DATE OF OPERATION	196 CONDITION FOR WE	HCH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
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Z = # 1 0 00 =	a :	210 ACCIDENT WAS UNDERLYING	THOUSE A ME MONITH	DAY YEAR 216 HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2]
OF VII	/ 3	OR CONTRIBUTING CAUSE OF DEA		19		
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DIVISION OF VIT	1	WHILE NOT WHILE AT WORK	TAT HOME, STREET, PACTORY, OFF	ice, Parm, etc.)		
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		saw the deceased alive an abave, (1) (we) (did) (did no	at) view the body after death.	and that in (my) (aur) ppi	nian death accurred on the date and	haur and fram the causes stated
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FOR

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ć	(8)	1.	STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	18780
	1 (3)			PECEASED NAME FIRST MIDDLE MIDDLE LAST CAST VOLGHT 20. DATE OF DEATH MON TO THE PERSON OF THE PERSON	THE ST STAN
	of a po		3 SE	1. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY SOLD) SERVICE S. DATE OF BIRTH AMONTH DAY YEAR S.	Y RS IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
•	(M)	209	70 B	BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTRY) WIDOWED DWORCED DOWN	
10	office of the control	8	5	CITY OR TOWN OF SEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WO RETIRED ACCOUNTS). (TYPE OF WORK FOR MOST OF WO RETIRED ACCOUNTS).	PRING LIFE 12 LIGHT CON CONTROL OF THE STATE
NND 212	filled in	35	13a :	UAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE COLOR OF TOWN STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 513 Southw	,
MARYL	mpletely and 2 sh	50 Schmine	14 F/	FATHER'S NAME FIRST MODLE LAST FIRST MIDDLE Surr Knight Sarah	VanSteenburg
IMORE,	e execut n and ca Pages 1	medicol	160 V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NOORUNKNOWN) (# YES, GIVE WAR OR DATES) 577 07 7570 Beulah F. Knight (sam	
T., BALT	physicia npopers movol.	vent, the		18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Condition on the couse per line for (b), (b), and (c), IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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IL RECO	has been prior	huo smo	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
OF VITA	Physical Phy	em 18 sh		210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY OR CONTRIBUTING CAUSE OF OBATH HOUR A.M. MONTH DAY YEAR [IF EITHER NOTIFY MEDICAL EXAMINER] P.M. 19	
NOISINIO	attending ter this ce is the burn	rkedor	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY WHILE ONLY WHILE OLD AT WORK AT WOR	COUNTY
	pitol or TOR Affor use of Health	ZI is mo		220.1 certify that (I) (this haspital) attended the deceased from 7-14 19-81, to 7-1 sow the deceased alive an 7-14 19-81, and that in (my) (our) apinion death accurred on the date of above, (I) (we) (did) (did not view the body after death	nd hour and from the causes stated
	y the hasp y the hasp RAL DIRECT detoched forte Dept. o	T. If Hem		276 SIGNAPORE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221 DATE SIGNED 7-17-8 1
	FUNE Id be	MPORTAN		STEVEN A. BURGER, MD 201 Medical Park M- S	ilva Spring, Me
158	show the	<u> </u>		BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	
, -	BP		B	Rurial 7/20/81 Parklawn Cemetery Rockville	Mont. Maryland
Y DH	(VRA 15, 4)	B1		Varner E. Pumphrey Inc. 18434 Ga. Ave. Silver Spring Md. 20910 JUL 21 190	REGISTRAR'S SIGNATURE
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*	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE REG. NO.	8 9 8 2
1 71	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SEX Jemale		DATE OF BIRTH	6 AGE HATTARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
0 4 4 35	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY? V	MARRIED NEVER MARRIED X	KALTYRORE	
softer is ofter hilled with	ROCKVILLE	11. NAME OF HOSPITAL, NURSING	RAN HOME	120 USUAL OCCUPATION (TYPE DIET TO LANGE WORKING L	126 KIND OF BUSINESS OR
AND 212 AND 212 In 24 hour filled in the fil	"MARYLAND BAL	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD 13(). PIRESVIL	MISSION) 13d INSIDE CITY LIMITS? YES NO	STREET ADDRESS NELSON ROAD	
MARYLA impletely and 2 sh	14. FATHER'S NAME FIRST CEORRE	W. KOPP	15. MOTHER'S MAIDEN NA FIRST ANNIE	MIDDLE FURMA	N LAST
IMORE,	(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECURIT NONE 212-05-77		D REICHARD - NLH	ROCKVILLE, MD. -9701-VEIRS DR.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours in attending physician. Wher this certificate has been signed by the ottending physician and completely filled in by as the burial-stronsis permit. Then please remove carbon papers. Pages 1 and 2 should be file the ond Mental Hygiene prior to burial, cremation, ar removal. orked or firm 18 shows any injury, or ather traumatic event, the medical examine flams's beang orked or firm.	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEA	CE OF	200 AUTOPSY? 20b. IF YE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEN IN PART TIO S, WERE FINDINGS USED FYING CAUSES OF DEATH?
ION OF VITAL RE HYSICIAN. The Ic nding physician. his certificate has burial-transit per Mental Hygiene or Nem 18 shows	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IE EITHER, NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A.M. MONTH DAY P.M. 216. PLACE OF INJURY	YEAR 19 211 LOCATION	YES NO Y RED (ENTER NATURE OF INJURY UNITEM 18.	ES NO PART 2)
TEND thologonal	220.1 certify that (I) (this has saw the deceased alive	(AT HOME, STREET, FACTORY, OFFICE, FARM	et, 4-1959 Ju	death accurred an the date and ha	TOUNTY STATE 19 that (I) (we) last ur and from the causes stated
IITAL OR by the hor by the both the hor by the both the hor by the both the hor by the both the hor by the both the hor by the hor b	226. SIGNATURE	RAME CANN	DEGREE MIDATTENDING PHYSICIAN 1728 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 7-7-8/
O HOSF etoined TO FUNI should b with the MMPORTA		th ST., N.W.		-16th ST., NW WA	SH., DC
BP	230. BURIAL, CREMATION, REMOVE BURIAL	JULY 9,1981 MEA	AE OF CEMETERY OF CREMATORY DOWRIDGE MEM.PAR	IX BALTIMORE,	MARYLAND STATE
Jul DHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR NAME HYSONG FILMER AT.	HOME - 1300-N ST.	10000	1 6 1981 Flance	TRAR'S SIGNATURE

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within 24 hours after

	1-	FOR STATE REGISTRAR			DEPARTN	NENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. N	0.	8 9	8	3
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	3 SEX	X		RACE		5. DATE C	F BIRTH	6 AGE (IN	YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER	R 24 HR5
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/		RTHPLACE (STATE OR FO			WHAT COUNTRY?	8		9 BALTIM	ORE CITY C		Y OF DEATH		
7	C	TURKEY	1	TUR	KEY	WIDOWE	DIVORCED		MON	TGO	MERY		MD
-	10 CI	ITY OR TOWN OF DEA	TH 11	NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION		LOCCUPAT	ON	126. KIND C	OF BUSIN	
0	R	ROCKVILL	E.	14526	BAUER			HOI	SEW I	F WORKING LI	FE) INDUSTRY	ME	
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4	14 14	A HM VAS DECEASED EVER			SIRRI 1166. social secu		NAZIKT	ER	ADDRI		AHM E	T	
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\exists	ERT	21a. ACCIDENT WAS UND	ERLYING []	21b. TIME O	FINJURY		21c. HOW INJURY OCCUI	YES	NO X			NO [
1		OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR							
1	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WO		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET		CITY OR TO	VN	COUNTY	S	STATE
		22a. I certify that (1) sow the decease above, (1) (week to	d olive on	6	15 19 8	3/_, on	d that in (my) (ever opinion DEGREE ATTENDING PHYSICIAN	death occur	L STA	F F	or and from the		oted
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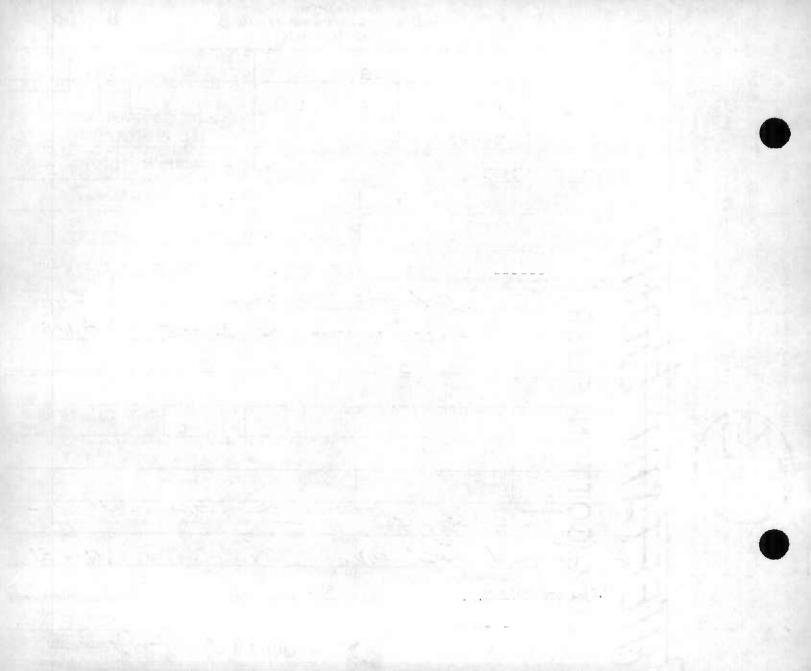
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by though be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal. retained by the hospital BP. DHMH - 16 50M 1/76 (VR A 15 (4))

BURIAL 24 FUNERAL DIRECTOR

RIAL 7-7-1981 NORBECK CEMETERY OLNEY MONTG

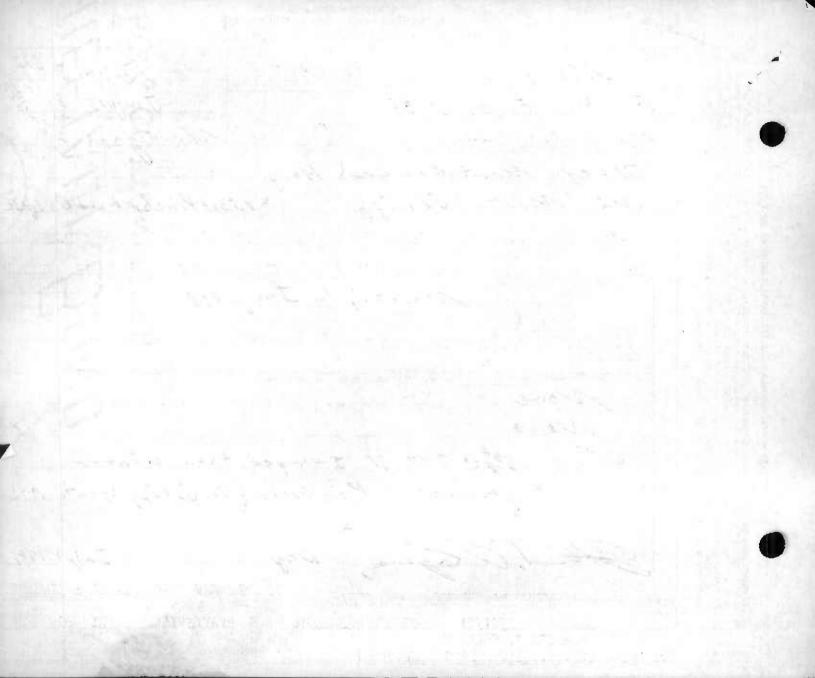
CHAMBERS CO. RIVERDALE, Md. 101 10 1981

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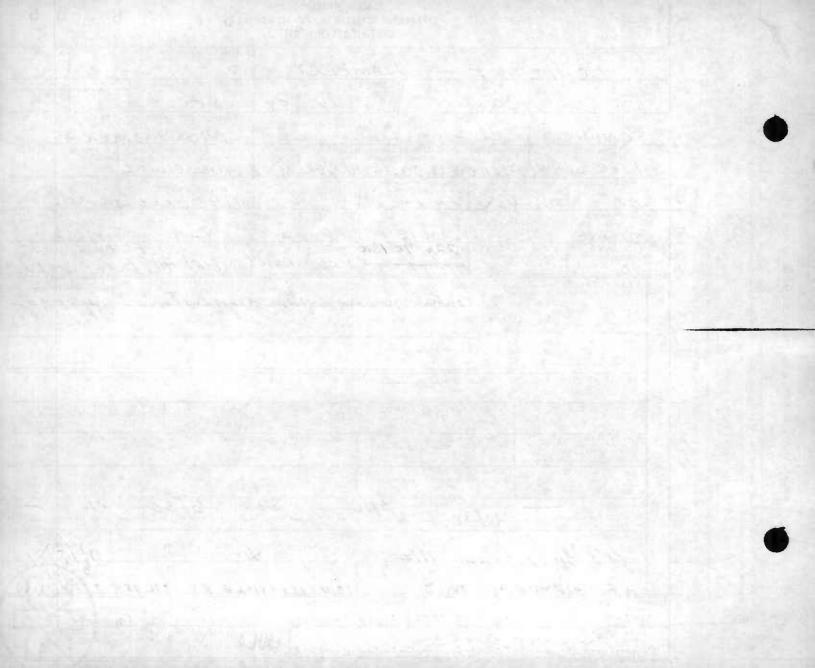
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN TYPE OR PRINT) OF ESTI-DEATH MATED 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5 FOY YOUR FILES. WITH FACES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. DIVISION OF VITAL RECORDS, 201 W. RESTON SIRET. 3. SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. WASHINGTON, D.C. WIDOWED DIVORCED 12b. KIND OF BUSINESS OR INDUSTRY 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION WORK HOUSEWIFE USUAL RESIDENCE (IF IN MERSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d INSIDE CITY LINGTS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST FIRST ROY SPINKS VIVERETTE BEULAH 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 579-26-5109 LAMBERT SAME AS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL MEDICAL EXAMINER ALONG W O AS A BURIAL-TRANSIT PERMIT. EALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 IO ED AS A I CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD BE USED. 20 AUTOPSY? BURIAL YES [216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 10 HOUS A.M. MONTH DAY UNDERLYING TOR MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIF PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE 05 BALTIMORE, MARYLAND, 21201 P NOT WHILE AT WORK AT WORK 22s I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram: Accident Hamicide Undetermined manner Natural causes TITLE (SPECIFY) SIGNATIONE L MEDICAL EXAMINER EXAMINER'S NAME ROGERS SPRING MD ADDRESS 1919 SEMINARY ROAD 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE COUNTY HYATTSVILLE PRI GEORGE WASHINGTON 24 FUNERAL DIRECTOR FRANCIS J. COLLINS DATE REC'D. BY REGISTRAR. 25 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) W. STIVER SPRING MD. 20901 500 LINTY RIVD 15M 2/80



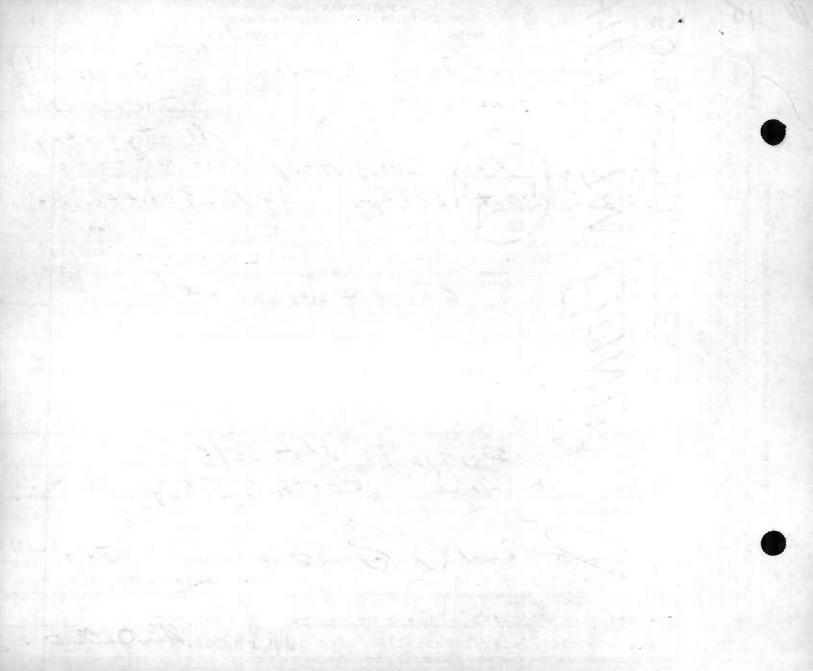
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Leh BP		urial present		a Cemetery		burg Lawrence Tn
DHMH - 16 60M 1/75 (VR A 15 (4))		NAME ROUXE			2 i howi.	236 REGISTRAR'S SIGNATURE
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STATE OF MARYLAND



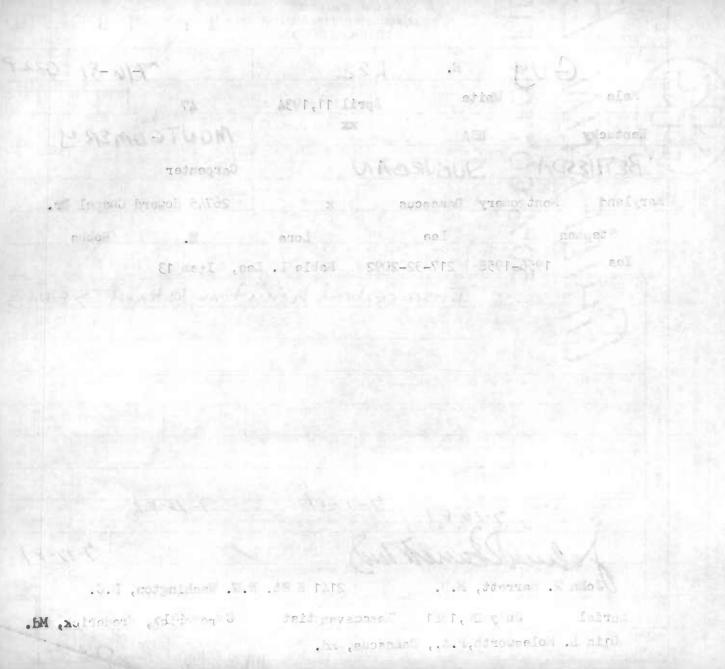
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED DATE LASI BIRTHDAY DEAD 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
New Jersey 9. BALTIMORE CITY OR NEVER MARRIED USA WIDOWED DIVORCED FILED, W. 1 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE) (7)
Sales Self Employed 130 STATE 13e. STREET ADDRESS Clifton Rd 14 FATHER'S NAME MIDDLE AND OF VIT MIDDLE Charles Lawson Catherine Kuc 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS Same as YES OR UNKNOWN Korean 150 26 3401 Sylvia L. Lawson (Wife) Above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I DEATH WAS CAUSED BY. GUENICHST DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION USED, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT OF HE PRIOR TO BURIAL, 20 AUTOPSY? YES [] NO [SHOULD BE 21g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 211. LOCATION STREET FACTORY, FARM, ETC.) AT WORK AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGINER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an death resulted from Natural causes Homicide Accident Undetermined monner DATE SIGNO PLY 1,2/98) TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME John G. Rogers 1919 Seminary Rd. S.S.Md. TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 7/14/81 BP Cremation Crematory Wash.D.C 24 FUNERAL DIRECTOR **DHMH-17** Himes/Rinaldi Funeral Home 11800 New (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWNY TTYPE OR PRINTS Si Won Lee DEATH MATED 7 19 81 AGE (IN YEARS IF UNDER TYR. 4 RACE 5. DATE OF BIRTH IF LINDER 24 HRS DATE 7:05A YEAR LAST BIRTHDAY PRONOUNCED 62 DEAD 7 1981 Male Oriental 1 19 YRS 7h. CITIZEN OF WHAT COUNTRYS To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Korea Korea WIDOWED DIVORCED Montgomery County. 2, AND 3 TO THE FL 3. RETAIN PACE 2 SHOULD BE PITTE IO CITY OR TOWN OF DEATH OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Willard Rd nr. River Rd. Poolesville student school 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Rockville Montgomery Maryland NO [13501 Bartlett Street T. PAGES 1 AND 2 SH DIVISION OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, M PM MIDDLE MIDDLE LAST Kyu Young Lee Jin Kum Park GIVE PAGES 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMAN 579-90-0236 Stanley Lee 1420 N St. N.W. Wash.D.C no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt injury to head and trunk IMMEDIATE CAUSE (a)____ DUE TO. OR AS A CONSEQUENCE OF 7 onditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? STATE DEPARTMENT OF HIS YES X NO 🗌 SHOULD BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR driver in auto/fixed object impact 1081 CONTRIBUTING CAUSE OF DEATH EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOWN THE STATE DEPARE BATTANORE, MARYLAND, 21201 PRIO 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) Poolesville, Mont, MD NOT WHILE AT WORK Willard Rd. nr. River Rd. road that I took charge of the remains described above, held an and in my apinian Hamicide Undetermined manner TITLE (SPECIFY) 7/8/81 Assistant DATE EXAMINER'S NAME Virginia L. III Penn St. Dolan M.D. Balto. MD. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION Silver Spring, Maryland Burial 7/10/81 Gate of Heaven Cemetery 24 FUNERAL DIRECTORSON Wheeler Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 250 GISTRAR'S SIGNATURE **DHMH-17** 1331 Rockville Pike Rockville, Maryland (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND

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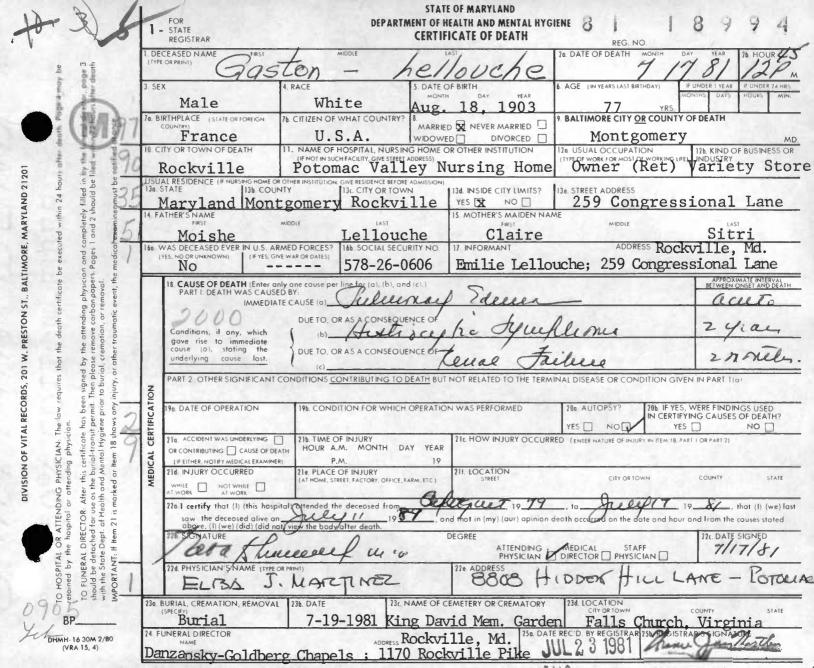
Burtal 7/10/81 Gate of Homeson Comptony Silver Spring, Maryland Tyson Phesiar Pantral Home, Inc. 1531 Booswille Sike Rockville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN TYPE OR PRINT Sun Lee DEATH MATED H. 19 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD Jan. 10,1891 Male 19 81 YRS 8. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL WITH FORM PM. 3 RETAIN PAGE 5 FOR TO T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF-VUTAL RECORDS, 201 W. PRESTO Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Toy Shan, China United States WIDOWED DIVORCED Montgomery County NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Ret. Owner Lee's Chinese Laundr Silver Spring Holy Cross Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13r CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Montgomery Silver Spring NO [10511 Georgia Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Fong Too Lee Eng Shee 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESFlorida 33432 NO 577-48-1280A David Q. Lee (Son) 1500-NW loth Boca Raton CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which 51/2 days (b) choking on meat. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, Cate, writing the worl Forwarded to the ch Or: Page 3 Should be u He state department o None YES 🗌 NO K 210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR TOK MONTH DAY YEAR UNDERLYING TOR MARYLAND, 21201 PRIOR CONTRIBUTING CAUSE OF DEATH 7:00 M. 6/25 1087 Choked on meat. TIE PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 71f LOCATION TO MEDICAL EXAMINER: ITES CALLED FOR SECURE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 CITY OR TOWN NOT WHILE AT WORK Home AT WORK Avenue, Silver Spring. Georgia Mont. 22a I certify that I took charge of the remains described above, held an Autopsy death resulted from: X Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 7/10/81 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMINERS NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY) Suitland, Maryland STATE 7-6-1981 Cedar Hill Cemetery Burial BP 24. FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR REGISTRA'S SIGNATURE J. WM lee"s Sons Co. 300-4th St., NE, Wash., DC20002 JU **DHMH-17** (VR AT5 ME (5) 15M 2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR TYPE OR PRINTS Aurel LeMay Joseph July 1981 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY) 1905 Male Dec. 21 75 White To. BIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED South Dakota USA Montgomery' 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR J.S. Govt., 704 Philadelphia Avenue, Takoma Park Retired GSA USUAL RESIDENCE (IF NURSING HO E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Montgomer 704 Philadelphia Avenue. Takoma Pk. . YEST 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME E. Elson John LeMay Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 77-44-7836 Evelyn L. LeMay-wife-(same as 13e) no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line lar PART I. DEATH WAS CAUSED BY Decreased hydrotron Conditions, il ony, which gave rise to immediate couse to stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN CERTIFICATION by 190 DATE OF OPERATION 196 CONDITION FO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? eared DIVISION OF VITAL NOXX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 270.1 certify that (h) ************* attended the deceased from 7-20 Feb _, and that in (my) XX apinion death occurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN I 27d PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS JOHN L. FORD, MD 344 Univ., Blvd. W. Silver Spring, 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 7-25-1981 Parklawn Cemetery Burial Rockville Montgomery Warner E. Pumphrey, DHMH - 16 50M 1/81 (VRA 15. 4) 8434 Ga. Ave., S.S. Md

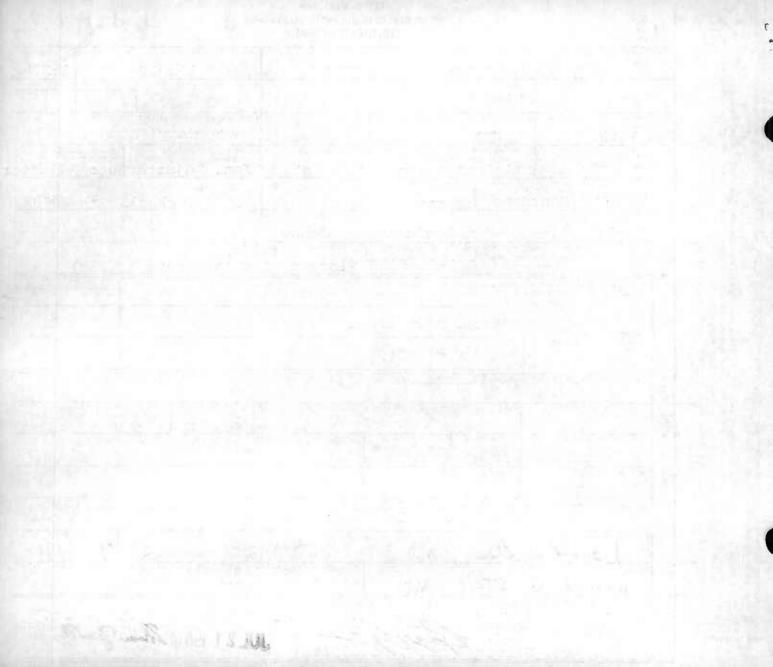
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	3. SE	U U	4 RACE 5. DA	ATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR	IF UNDER 24M4R5
		Male	White F	ebr. 27, 1901	80	YRS.	HOURS MIN.
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5/5	Pe:	nna.	77 0 -	OWED DIVORCED	Montgom	ery County	мг
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 12b. KIND O	OF BUSINESS OR
11	Ta.	koma Park	Washington Adve	ntist Hosp.	Stone Qu	r working LIFE) INDUSTRY	arry
000	USUA 13a S	AL RESIDENCE LIF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSINTY	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	- 1	
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medic	(1	(IF YES, GI	210-10-444	04 Mrs. Glady	/1	06 Poplar	Ave,
ther traum		Conditions, if any, which gave rise to immediate cause to stating the	DUE TO, OR AS A CONSEQUENCE OF	ia.			
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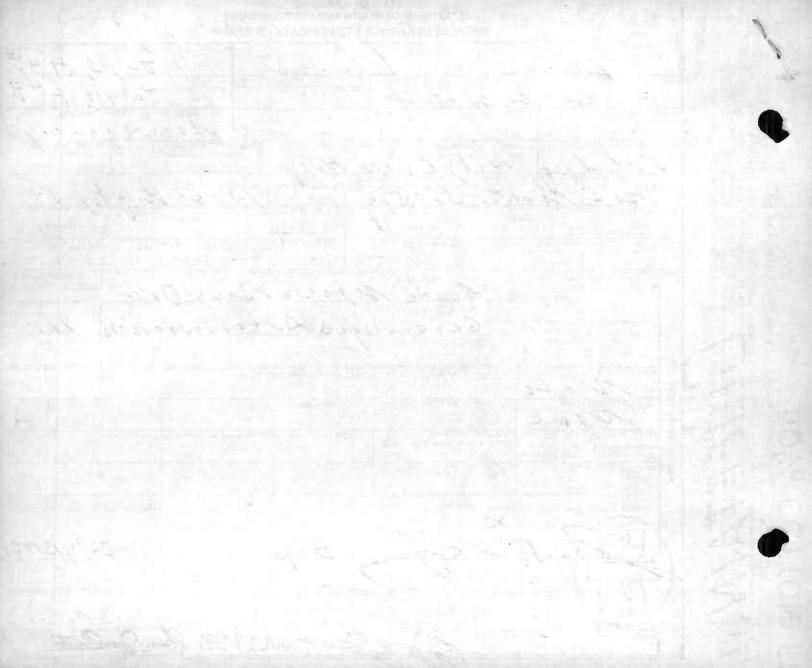
Ponteonery Tourity Conna. Takena Park | hashington Adventist Hosp. Stone Quarty Dunray Maryland Contromorgiations Ph. | the Property Land Transfer Land William J. Cener 210-10-4400 min. Chadum Allagor Tol. 17. Treatment of Tangelo Com Contained by Sentyers

2	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 8 9 9 8 CERTIFICATE OF DEATH REG. NO.										
		CEASED NAME FIRST Rebe		operman	1	ST Priver	2a D		NONTH DAY	YEAR 2	756 0 M			
(M)	3. SE		4 RACE	ite	5. DATE O	DAY VE	A.D.	E (IN YEARS LAST BIRTI	MONT		FUNDER 24 HRS HOURS MIN.			
97	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Russia		WHAT COUNTRY?	8	XXNEVER MARRIE	D 9 BA	LTIMORE CITY OF		DEATH	MD.			
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rked or H	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE F		211 LOCATION STREET		CITY OR TOV	٧N	COUNTY	STATE			
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		BURIAL, CREMATION, REMO (SPECIFY) Burial UNERAL DIRECTOR	23b. DATE 7-3-	-81 B	eth S	holom Ce		Capitol		Md.	STATE			
OM 1/B1 , 4)	_	nzansky-Goldb	ero Chana		ckvill Pockri	le,Md.	JUL 1	4 1981	hance C	Jan M.	rth.			

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a. DATE KNOWN DE MONTH (TYPE OR PRINT) OF ESTI-DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED New York USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Housewife own home USUAL RESIDENCE 130. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS CITY OR TOWN 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Theodore McAnespy GirauM Bessie 17. INFORMANT(daughter) 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRES 707 Sunlight Dr (YES, NO, OR UNKNOWN) 220-48-1738 Susan L. Hendricson-San Antiono, Tex. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram: __Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) John S. Rogers, Silver Spring, Md., XAMINER'S NAME DME 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Fort Lincoln Cemetery Brentwood Pr. Geo. 7-16-81 Md. 24 FUNGATURET E. Pumphreyes Inc 25 EGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 8434 Ga. Ave., S.S. Md 15M 7/77



6		1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND	MENTAL HYG	SIENE 8 REG. N	0.	9 0	0 1			
	noy be poge 3	(TYPE	CEASED NAME FIRST FRANC		RENCE LI	VINGO		JULY 25 1981 4:00/							
	Poge 4 moy	3. SE.	FEMALE		JCAZION	SEPT II 1421			6. AGE (IN YEARS LAST BIR	MONTHS DAYS	HOURS MIN.				
	death. P	CO	RTHPLACE (STATE OR FOREIGN NNECTICUT	USA WIDOWED DIVORCED III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IENOT INSUCHTACILITY GIVE STREET ADDRESS) NNMC BETHES DA 20014					9. BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY CO.						
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AND 21	in 24 hours	CO	NNECTICUT NEW	LONDON	GROTON	ADMISSION)	13d INSIDE C	NO X	1324 BRANFO	RD AV	Έ				
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TIMORE	on ond con ond con one one one one one one one one one o	16a V	VAS DECEASED EVER IN U.S. A VES NO ORUNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU		WILLI		VINGOOD / S		as #13				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physical Then please remove caban paper to burial, cremotion, or removal. injury, or other traumotic event, th	No	18 CAUSE OF DEATH Enter of PART I DEATH WAS CAUS 13 9 Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, C	DR AS A CONSEQUE SQUAMON DR AS A CONSEQUE	NCE OF	ELL C	ARCIA	SOMA OF C	COLE	11E	WASE INTERVAL ONSET AND DEATH			
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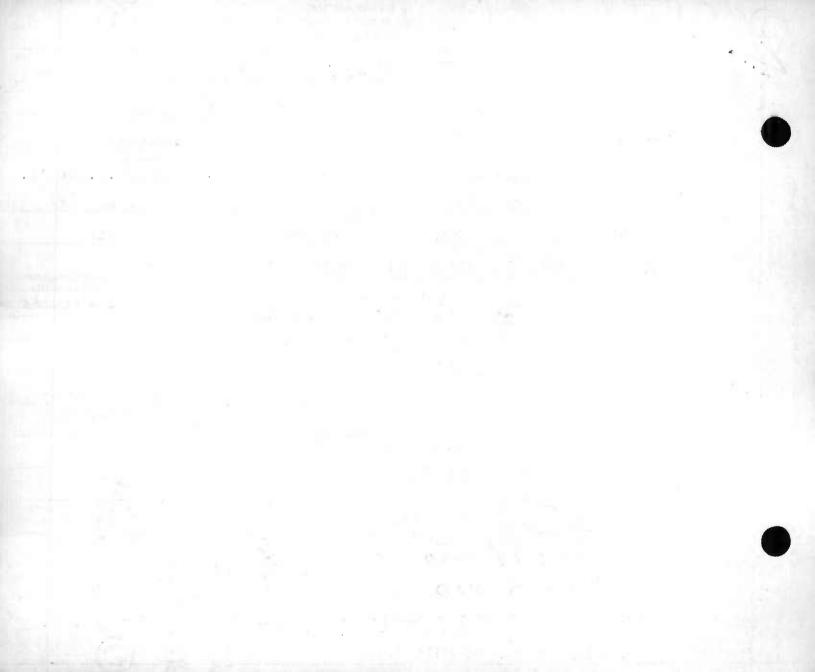
STATE OF MARYLAND

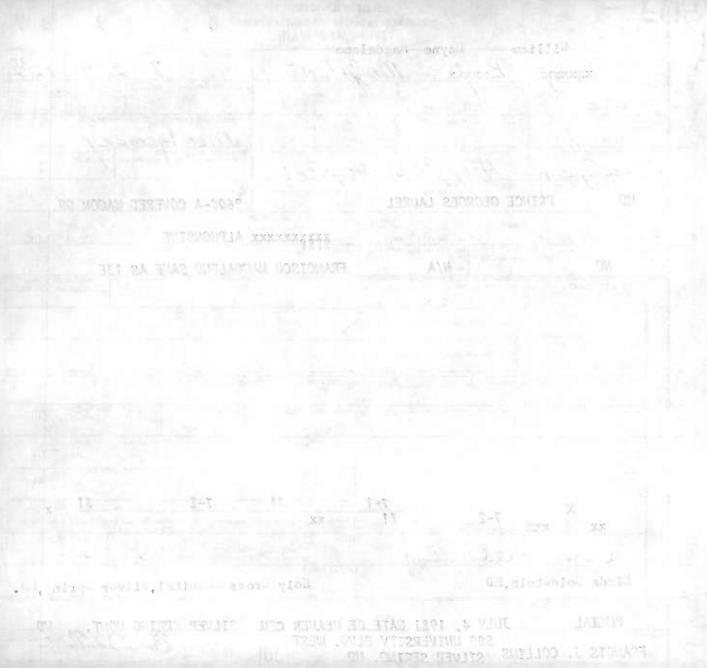
Robert A. Pumphrey Funeral Homes P/A250. DATE REC'D. BY REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN K 26 HOUR TYPE OR PRINTI OF ESTI-ARY, PLEASE L DIRECTOR. YOUR FILES. N 72 HOURS Peter DEATH MATED 29 1981 OWIN 4 RACE 5. DATE OF BIRTH AGE (IN YEARS 2d HOUR 9:49 IF LINDER 1 IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White DEAD hril 30 1940 / 181 YRS a. M TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Scotland U.S.A. WIDOWED DIVORCED Montgomery County 10. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY A 3. RETAIN P 2 SHOULD BE Rockville Shady Grove Hospital Consultant-Bradford Natl. USUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSIONI 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Rockville Maryland 2878 Glenora Lane Montgomery YES X NO T USED AS A BURRAL TRANSIT PERMIT. PAGES I AND 2 SI OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RIAL, CREMATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 M PM 3 MIDDLE MIDDLE GIVE PAGE Peter Harte Joseph Lowery Margaret 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESSNOODDTIDGE . Va. 16b. SOCIAL SECURITY NO. 17. INFORMANT Marcia Fisher 16000 Normandy Ct. Vietnam 099-38-6655 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION ICATE, WRITE F FORWARDED TO THE CTOR: PAGE 3 SHOULD BE USED AS STATE DEPARTMENT OF HEAL STATE DEPARTMENT OF HEAL 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO 1 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER; THIS CES EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 22a. I certify that I taak charge of the remains described above, held on Autapsy Inspection Natural causes X death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) Assistant 7-30-81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street TYPE OR PRINT 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 1981 August Gate of Heaven Cemetery Buria Silver Spring Montg. Mary land A FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes **DHMH-17** 300 W.Montgomery Ave., Rockville, Md. VR A15 ME (5) 15M 2/80

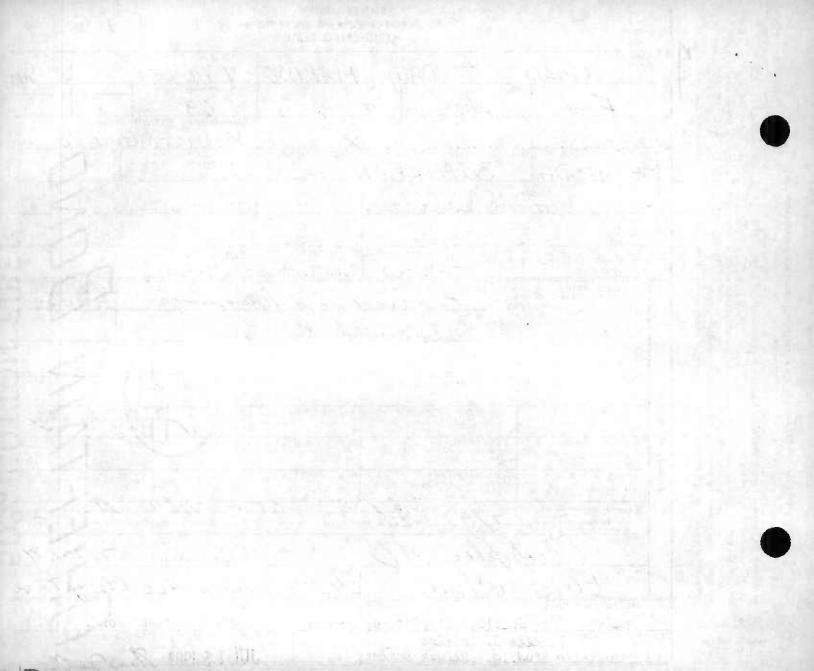
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ORE,	- 22		(AS DECEASED EVER	IN U.S. ARMED FORCE		AL SECURITY NO.	17. INFORMANT	50	n ADDRESS		
TIMO be e	Poges medica		No			15-8485	John T. N	larino	same as	9	- Marie
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 haurs	signed by the attending phy hen please remove carbonpe to burial, cremation, ar remo ijury, ar ather traumatic even	NO	PART I. DEATH W 43 0 C Canditians, if any, gave rise to imm couse (o), statin underlying couse PART 2. OTHER SIGN	which nediote lost.	O, OR AS A COM	NSEQUENCE OF	ial aux	deller eurse	SEASE OR CONDITION	N GIVEN IN PA	RT I(o)
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	should be detailed the state with the State		22d PHYSICIAN'S NA	list w	ilyer		220. ADDRESS 54544	Viscon	SIG AVE		en Cose
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D ALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE	OR CONDITION	N GIVEN IN PART	1 (a).								
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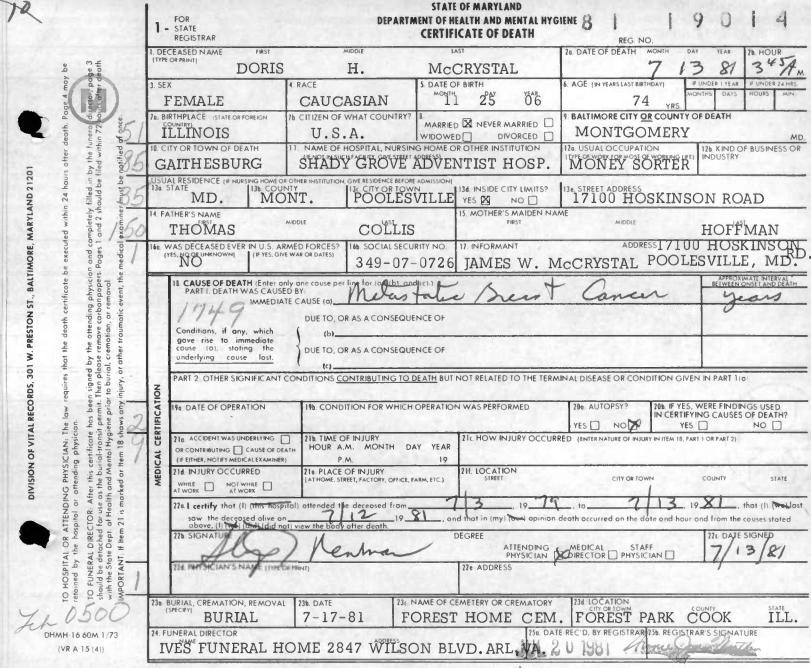
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LA			STATE OF MARYLAND
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	5 / MA 1		RACE S. DATE OF BIRTH MONTH DAY YEAR 3 18 97 84 YRS IF UNDER 1 YEAR FUNDER 2 HRS MONTHS DAYS HOURS MIN.
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100	by the filed w	1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
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WO	Pogo medi	(VES. NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-42.7531 SAMES J. MCERATHSON -
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8	s beer s prior	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
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uires th uigned t en plea s burial, ury, ar a		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BY NOT BA ATED TO THE TER	INAL DISPASE OR CONDITION	GIVEN IN PART 110				
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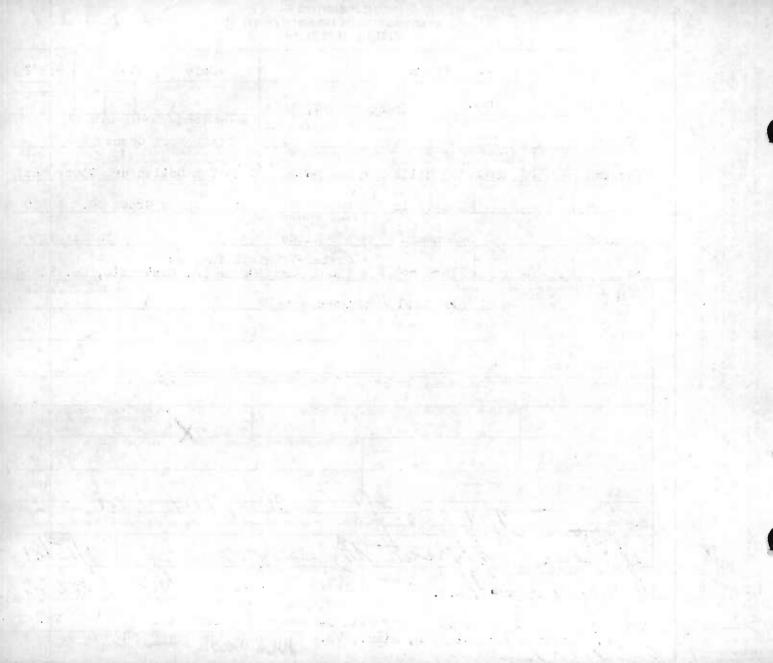
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STATE OF MARYLAND

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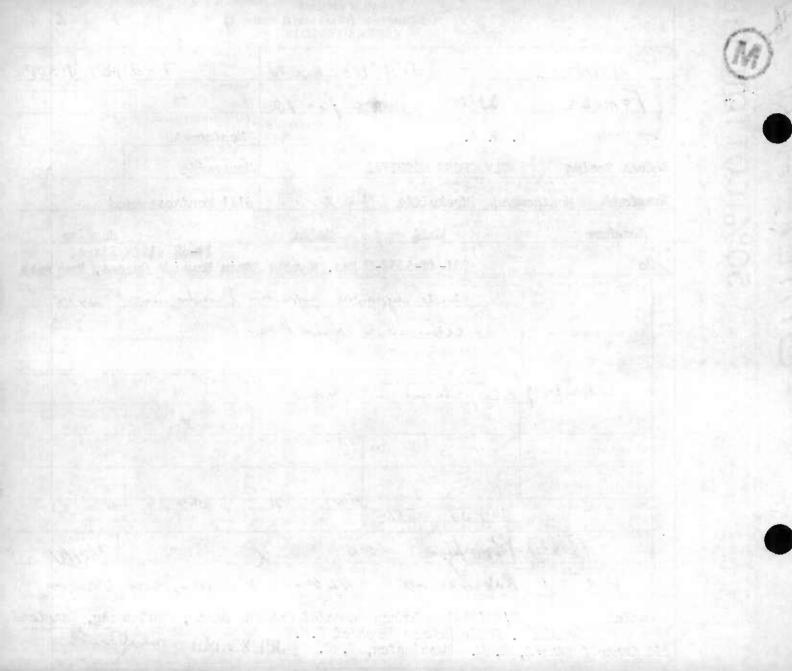
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 metained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, is should be detached for use as the buriof-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 haurs offer with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, ar removal.
	D HOSPITAL OR ATTEN	O FUNERAL DIRECTOR hould be detoched for until the State Dept. of H

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	3. SE	× ,	4 RACE		5. DATE C	F BIRTH	6. AGE IN	YEARS LAST BIRTH		PUNDER I YEAR	IF UNDER 24	I HRS
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00		ever Spring		CRUSS HUST			House	ewife				
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61	14 FA	FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	MIDDLE		LA	ST	
01		Abraham		Wolf		Malka				Shap	iro	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR		17 INFORMANT		15-62	5212th	Stree	et	
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		underlying cause last.	((c)									
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		22b. SIGNATURE	ti view the body	after death.	(DEGREE				22c DATE	SIGNED	-
		15hr	1/5/	he	4	ATTENDING PHYSICIAN	MEDICAL	STAFF		7/2	4/81	
	7.5	22d. PHYSKIAN'S NAME TYPE	PRINT)	7		22e ADDRESS	-			1	//4/	
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		INERAL DIRECTOR Donald					TE REC'D. BY	REGISTRAR 2	SE REGISTR	R SIGN	2007/	
	23	2 Carroll Stree	t, N. W	. Washin	gton,	v. c. 10	160	1301	1 aminos	0		

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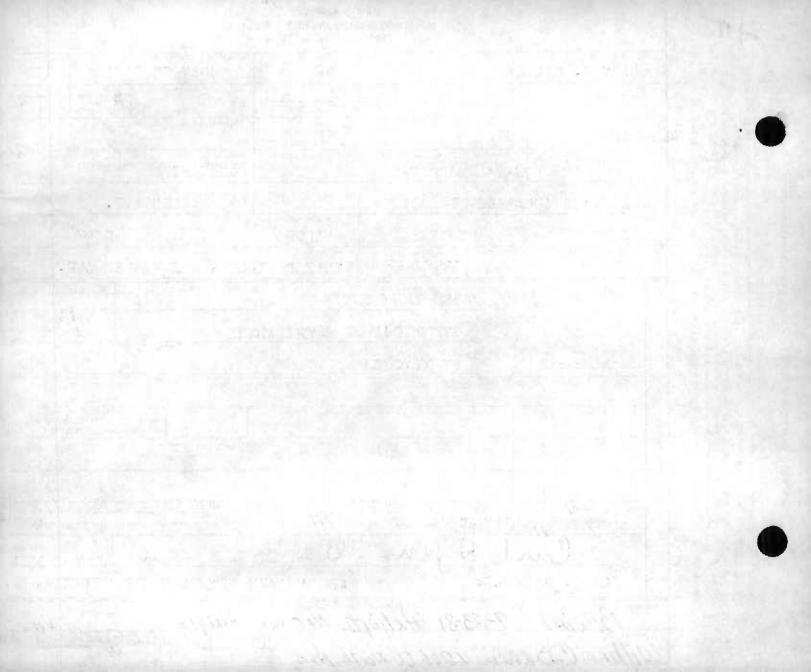
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-Charles DEATH MATED 19 8 3 SEX 4 RACE A AGE (IN YEARS | IF UNDER) YR 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 34 YRS b. CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) MARYLAND WIDOWED [DIVORCED IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY NONE BETHESDA SUBURBAN HOSPITAI USUAL RESIDENCE 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO [204 NORMANDY DRIVE MONTGOMERY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIDDLE LAST LAST CHARLES MAE ELLEN MILLER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! VIFTNAM SAME AS VFS 219-46-6997 MILLER CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c BETWEEN ONSET AND DEATH IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a) stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [21g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY HOUR ANT. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21201 PRIOR AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Undetermined monner death resulted from: Natural causes ACTUAL DATE SIGNATURE SIGNE EXAMINER'S NA MARYLAND BETHESDA. JOHN G TYPE OR PRIMIT 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢. NAME OF CEMETERY OR CREMATORY COUNTY STATE PARKLAWN CEMETERY ROCKVILLE MONT BURIAL 7/20/81 24. FUNERAL DIRECTO? 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FRANCIS J. COLLINS **DHMH-17** (VR A15 ME (5)) 500 UNIV. BLVD. W. SILVER SPRING. MD. 20901 15M 7/77

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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102	Rocki	rille,		HOSPITAL, NURSING ICH FACHITY, GIVE STREET AD		utist Hosp.	12d USUAL OCCUPATION OF WORK FOR MOST	of working life)	PERIODOF NO DELEZ NO	gerald Hospital
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BALTIMORE, MARYLAND for the security of the Reference Fillings property to the Commence of the	YES, NO OR UN	SED EVER IN U.S. A KNOWN) (IF YES, G	IVE WAR OR DATES)	183-12-70		Diane Mille	19502°E Gaither	Wrlingan sburg, 1	1d.208	77
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STATE OF MARYLAND

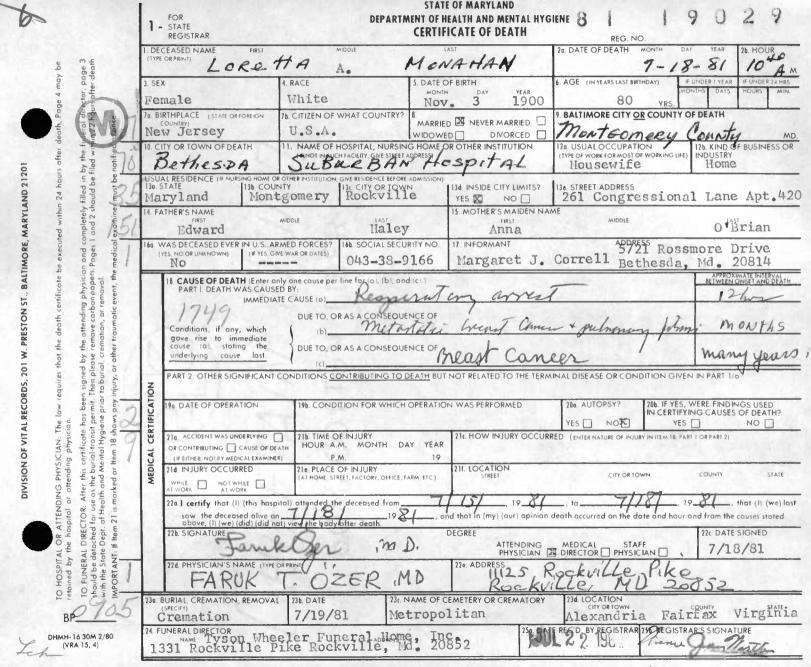
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DE AD 9 BALTIMORE CITY OF COUNTY OF 7a. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) 13a STATE MIDDLE APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I DEATH WAS CAUSED BY: AMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 190 DATE OF OPERATION YES 🗌 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21d INJURY OCCURRED AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Suicide Homicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER **DHMH - 17** (VR A15 ME (5)) 15M7/76



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STATE OF MARYLAND

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		FOR	STATE OF MA		0 1 1	9 0 3 1
	1	STATE REGISTRAR	DEPARTMENT OF HEALTH CERTIFICATE		REG. NO.	, , ,
		CEASED NAME FIRST	MIDDLE LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
7	3. SE)ARA female			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
1)	7a. B	IRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	23 02	9. BALTIMORE CITY OR COUN	
0 0		North Carolin	USA WIDOWED	DIVORCED	Montgomery	
85	10. C	Rockville	11. NAME OF HOSPITAL, NURSING HOME OR OTHE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Shady Grove Adventist		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Clark	176 KIND OF BUSINESS (INDUSTRY INDUSTRY Agen
35	13a	STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c, CITY OR TOWN 13d INS. Somery Rockville YES [SIDE CITY LIMITS?	13. STREET ADDRESS 90 Monroe St.	Apt. 811
51		TEdward	MIDDLE Disney	THER'S MAIDEN NAM	Unknown	LAST
edicol		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	ORMANT	ADDRESS as 1123 Maple A	Myo Pockyill
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if Rem 21 is mo		22a I certify that (I) (shipha)	of the deceased from 1981, and that is the body after death.		, to	our and from the couses state 22c. DATE SIGNED
7-		W	1 / vacyue u			
IMPORTANT	1	22d PHYSICIAN'S NAME (TYPE WILLAM G. H.	OR FRINT)	DDBECC	tgomery Ave. R	ockville, Md.

JAKE PANE WITHIN S. Marth Carolina # III willow Toron . and Clerk .gscll talteeval every vitament 90 Monroe St. Apt. Bil x efficiency transportant banky ask Distiny Edward 578 12 1107 Ruby Chaconus 1123 Ample Ave. Rockellio. 615 W. Montecmore avo. Rockville, MG. Alst . august Burtal Byay'll date of Reaven Constery Silver Sering, Md. Typen wheeler Juneral Hone, Ice. 1591 Rockville Pika Fockville, Haryland

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DEATH PARTY		HONKY	///	UllAghy	1 Bell	ndA	0	BOYLE
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTMORE, MARYLAND, 21;		RIAL, CREMATION, REMOVAL	23h DATE	23c. NAME OF CEMETER		23d LOCATION		
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1		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OI	F BUSINESS OR
1	B	ETHESDA	NNMC BETHESDA		PHYSICIAN	RKING LIFE) INDUSTRY MEDIC	CINE
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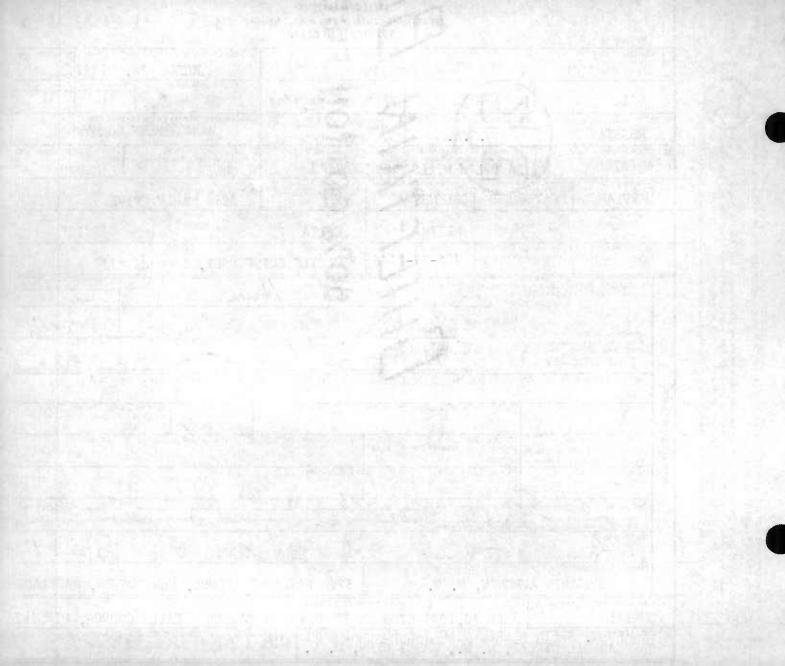
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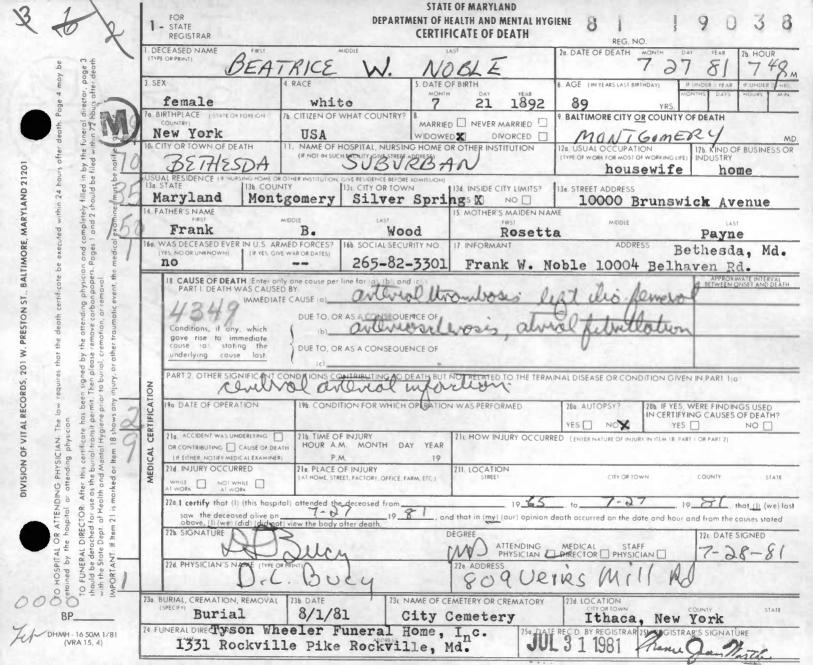
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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wì .	nd co	5	O. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIA	L SECURITY NO.	17. INFORMANT	425 Muddy E	ranch Road	- 17
BALTIMOR	Pog .	5	No No	578-	36-8281	Donna M. Bra	dley Gaithersbur		3
SALT	physicia papers novol.		18 CAUSE OF DEATH (Enter	anly ane cause per line for (o),	(b), and (c).)		, , , , , , , , , , , , , , , , , , , ,	BETWEEN ONSET AND	PEATH
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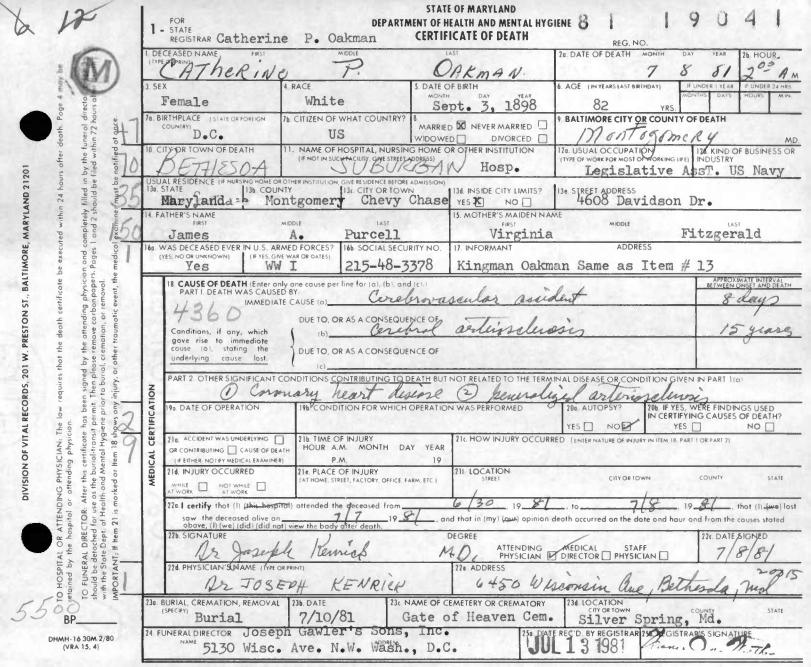
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Burial 8/1/81 City Comptery Ithaca, New York Tynon Deeler Funeral Jone, L.c.
1531 Rockville Film Rockville, Md.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 2. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 1981 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRCHDAY) IF UNDER I YEAR IF UNDER 44 HRS MONTH DAYS HOURS Cancasian Dec. TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED bomer /IVOIDIA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR ark 140604 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ADMISSION) 20028 PAL COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Prince /200005 Suitand 03 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE homas 052 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3603 Kineswood D APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a A CONSEQUENCE QI evastatic ung Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last eav arcinoma PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a CERTIFICAT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED MICE 90 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? Tube for effusion une 30 NO NO [YES Hygi 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Iter MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOI WHILE AT WORK 220 I certify that (1) (this hospital) attended the deceased fram, 19 8 V Ju saw the deceased alive an. and that in (my) +our) opinion death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN POIRECTOR PHYSICIAN TO FUNERA should be det with the Stat 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) "Mary land Cedar Hill Cemetery 24 FUNERAL DIRECTOR ROBERT L Wilhelm Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE. DHMH-16 25M name (VRA 15, 4) 1/79

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	_		August 4,198		of Heaven	Silver Sp		ryland	
DHMH-16 30M 2/80 (VRA 15, 4)	24. FU	JNERAL DIRECTOR RODE	Rugust 4,198 ert A. Pumphre Rockville, Mar	y Funeral	25a. DA	Silver Spregistra UG 5 1981			

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REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR 16 HOUSE (TYPE OR PRINT) 3. SEX Female White Dec. 25, 1915 6. AGE (IN YEARS LAST BIRTHDAY) FOR BIRTHPLACE (SLATE OR PORE IGN TO DAYS) WIDDWED DIMONCED DIMON	- DM
TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) TIllinois USA WIDOWED TO CITY OR TOWN OF DEATH TILLINOIS TO CITY OR TOWN OF DEATH TO CITY OR TOWN OR	- DM
Female white Dec. 25, 1915 65 YRS MONTHS DATE PRODUCT TO BETT POUNT OF DEATH ARRIED WIDOWED DIVORCED D	A HRS
70 BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED & NEVER MARRIED MONTON OF DEATH 111 Inois USA WIDOWED DIVORCED DIVORCED TO TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRING TO SEE THE STATE OF WORK FOR MOST OF WORKING LIFE) 12. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. BIRTHPLACE (STATE OR FOREIGN MARRIED & NEVER MARRIED DIVORCED DIVORCED TOWN OF COUNTY OF DEATH MONTON OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
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3 5 9 0 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
Maryland Montgomery Bethesda VES IX NO 1 4716 Bradley Blvd.,	
Wesnik Ida Smolensky	7
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMAThusband) ADDRESS 100 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) (IF YES. GIVE WAR OR DATES) 100 -03-1817B Bernard M. Orent-(same as 13e)	
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6	6	Added info g558 8/11/81 gj STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 9 9 4	4
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-	1 10 m	DECEASED NAME FIRST _ MIDDLE LAST 26 DATE OF DEATH MONTH DAY YEAR 126 HO	OUR
pe	3	Nellie Burnett Ovenatheet July 18, 1981	30
may	bog er de	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UND	DER 24 HRS
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4D 21	uld be sir	Maryland 138 CHARLES 136 STREET ADDRESS 4740 BI active	
TLA!	2 sho	Co Hopewell YES NO 121 By 1 Street Apt 12 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME	-
AR.	Por State	William Burnett, Jr. Mabel Jacobs	
RE, A	S Con	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
WO WO	Poges medico	No (#YES, GIVE WAR OR DATES) 253-03-9925 Mrs. Rupert Elliott. Same as ite	m #13
ALTI	bers.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE IN BETWEEN ONSET AS	
L., B.	phys move vent,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal insufficiency I more	77
N S	arba or re ntic e		
STO	thence con ion, ion, ion, ion, ion, ion, ion, io	Canditions, if any, which (b) New Medical Mellelier	
PR PR	emot emot	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	
W hot	by lose	underlying cause last.	
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RDS upa	t. The or to l	3 gargrene, unterment but pulsonary insufficiency	
RECORDS.	s beer	GARGER 12 PRESENCE UNITED THE STATE OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY ITEM 18 PART 1 OR PART 2)	
	ronsit per Hygiene 18 show	YES NO YES NO	
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DIVISION OF VITAL NG PHYSICIAN: The	the burnd M	21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY	STATE
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END	OR: Hec	110-1 Certify that (i) (this haspital) disched the Selected from	r()ve) lost
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5 49	Oh w M	236 BURIAL, CREMATION, REMOVAL 236. DATE TILLY 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	STATE
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(VI	RA 15, 4)	Homes, P.A., Bethesda, Maryland	2002

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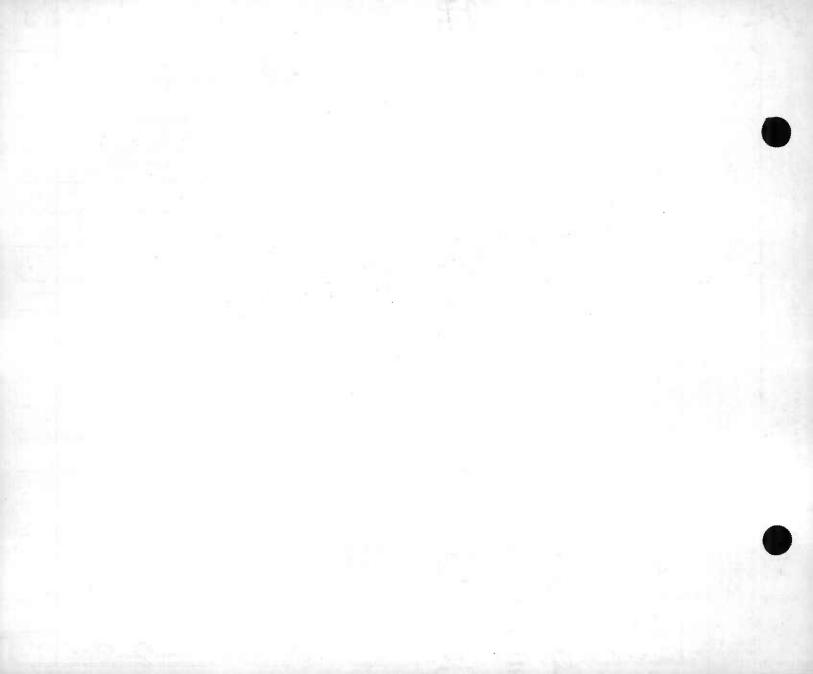
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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REG. NO.
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MONTH DAY YEAR LAST WENTER HOURS MIN PRONOUNCED 7-12-81 10:41A
78. BIRTHPLACE (STATE OR 78. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH
washington, DC USA widowed Divorced Montgomery
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington Adventist Hospital Housewife Own home
Washington Adventist Hospital Housewife own home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE (ITY LIMITS? 13e. STREET ADDRESS YES XXXXII CO A-LO A Merch of A-LO A
IA. FATHER'S NAME
William Ball Ella Brown
160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) LIFYES GREAMED PARTS) (YES, NO, OR UNKNOWN) LIFYES GREAMED PARTS)
Yes WW 11 577-01-1981A Harry J. Pinkler-(same as 13e)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) TOUL MY OCZIVILLE DES
Conditions, if any, which
gave rise to immediate (b)
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES NO. 27 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOLIR A.M. MONTH. DAY, YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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210 EXTERNAL CAUSE WAS 210 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
CONTRIBUTING CAUSE OF DEATH P.M. 19
214 INJURY OCCURRED 219 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
AT WORK AT WORK
220 - I certify that I taak charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my apinion
death resulted from: Natural causes Accident , Suicide , Hamicide . Undetermined manner .
ACTION DATE (TO LA CORA
SIGNATURE M. D. J. C. J. V. MEDICAL EXAMINER SIGNIO VI TITLE S
John S. Rogers, DME ADDRESS Silver Spring, Maryland
HILBURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION
Buildi /-15-1981 Fort Lincoln Brentwood Pr. Georges Md.
24 WEEPANDERICIDE. Pumphrey ADDRESS IN 1 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
8434 Ga. Ave., S.S. Md leve 6 West JUL 15 1981 from farther
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			1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	19048
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	director	7	3. SE	MAle	BLACK SLATE OF BIRTH DAY JEAR JULY 26, 190	6. AGE (IN YEARS LAST B) 7	MTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
	25/3	11	1/2	RTHPLACE (STATE OR FOREIGN DUNTRY)	4.5.4. WIDOWED DIVORCED	MONTO	OR COUNTY OF DEATH SOMERY MD.
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LAND 21	y filled in should be	35	13a S	Md. MO	179. Germantown YES NO 1	12121	Sunny View Dr.
E, MARYI	amplete and 2	50		Georg.	Plummer 15. MOTHER'S MAIDEN	RRICHMIDDLE	Frazier
LTIMORE	be exection ond		100 V	VAS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN] (IF YES, GIVE		Plummer (wite) same as#13
ST., 8A	g phys			18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE!	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ococenon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	the death ce			Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	colon'	
201 W.	thot d by slease ind, cr			underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) NOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	EBANINAL DISEASE OF CO.	NOVE OF CONTRACT O
ORDS,	require		TION				
AL REC	ician sician ste has been nsit permit rgiene prio	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	YES NO	100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
1 OF VII	PHYSICIAN: The ending physiciar this certificate him burial-transit pad Mental Hygier day lear 18 show	U		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	CURRED (ENTER NATURE OF IN)	URY IN ITEM 18, PART 1 OR PART 2]
IVISION			MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
	haspital or att			22a.l certify that (1) (this hospit saw the deceased alive an above, (1) (wg) (did) (did not	6 - 23 10 8 and that in (my) (que) ania	75 to7-	19 8 , that (1) (we) lost date and hour and from the causes stated
C	Al Call Al Dil		H	226 SIGNATURE	Buy MD ATTENDING PHYSICIAN	G MEDICAL STA	AFF ICIAN 122L DATE SIGNED 7-11-81
	TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote	1		224 PHYSICIAN SNAME (TYPE OR	L. Bucy 809 Vein	is Mill R	d. Rockville
03	5 BP 1		{5	BURIAL BURIAL	7-15-81 St. Rose CEMETERY OF CREMATOR	Terry Clo	ppers Monta Md.
	DHMH-16 20/ (VRA 15, 4) 7/		G	NERAL DIRECTOR R. Sne eorge R. Sne	wden Rockville, Md. JU	1 4 1981	and Jan Mastle

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME KNOWN W TYPE OR PRINT OF ESTI-Julia 1081 Susan Podraczky DEATH MATED 3 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. LIF UNDER 24 HRS 24 HOUR 2c. DATE PRONOUNCED 19:20 Dec. 17, 1969 11 DEAD Female White 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States Washington, D. C DIVORCED Montgomery County. B. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Suburban Hospital Bethesda Student School 1 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) $\begin{array}{c|c} |\text{13d. INSIDE (ITY LIMITS?} \\ \text{ves.} & \text{NO} \end{array} | \begin{array}{c} |\text{3e. STREET ADDRESS} \\ 6522 \end{array} \\ \text{Wilnett} \quad Road \\ \end{array}$ Bethesda 136 COUNTY Montgomery Maryland. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ALPONE Emeric Podraczky Giselle Tarcsi 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 7. INFORMANT **ADDRESS** Emeric I. Podraczky. No None Same as 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute carbon monoxide intoxication IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES NO [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 23 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3 1981 Assault by exposure to carbon monoxide XXX 21e PLACE OF INJURY (ATHOME. 71f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) MD WHILE AT WORK Bethesda 6522 Wilmett Rd. Mont. home PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion death resulted from Undetermined manner TITLE (SPECIFY) **ACTUAL** Deputy Chiefedical ExaminER 7/4/81 III Penn St. Balto., MD. Thomas D. Smith, M.D. EXAMINER'S NAME TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATEJuly 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 1981 Gate of Heaven Cem. Silver Spring. Marvland 24 FUNERAL DIRECTOR Robert A. Poumphrey Funeral VE A15 ME (5) Homes, P.A. Bethesda, Maryland 15M 2/80

STATE OF MARYLAND

The state of the s ______ #170F Committee of the commit SERVICE STREET SERVICES

76			FOR	DEPART	MENT OF HEALTH AND MENTA	HYGIENE Q	19050
		1.	STATE REGISTRAR		CERTIFICATE OF DEATH		, , , , ,
			CEASED NAME FIRST	WIDDIE	LAST		ONTH DAY YEAR 26 HOUR
	y be 3 3 3 3 3 3 3 3 3	(11.7)	IR. BENN	ET ALLAN	PORTER	SR Ju	Ly 30 81 12:15PM
	4 mo	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	INT	7a R	MALE	76. CITIZEN OF WHAT COUNTRY?	7 12 90	2 89	YRS
		11/3	RIHAMPION,	IS A	MARRIED NEVER MARRIED	WI . Ass	OUNTY OF DEATH
		10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSH		H 120 USUAL OCCUPATIO	
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2	ded the	USU 130	AL RESIDENCE (IF NURSING HOVE OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR		TS2 130 STREET ADDRESS	. /
MARYLAND	should should	14/	ATHER'S NAME	GOMERY SILVER	SFRINGYES M NO	9500 STH	WOREWS WAY
ARY	The Sale	7		MIDDLE PAST	IS MOTHER'S MAIDE	IN NAME MIDDLE	De last
		160	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRES:	MALEN DE DE
ALTIMORE,		1	YES NOOR UNKNOWN) (IF YES, GIV	217-44.	2409 IR BEA	INFT A BRIE	PIP 413 AROVE)
PAIT	a E		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	g phy even		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (o)	CARDIAE 1	ARREST	
NO	oth co		44/3	DUE TO, OR AS A CONSEQU	ENCE OF HYPO VOLC	Mie SHOCK	,
PRESTON	ab Wash		Conditions, if any, which gave rise to immediate	(p)	MINOULL	5/4/6 3//002	
3	The season of th		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	URED ABNON	INAL ANGUI	RYSM
, 201	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO			
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DIVISION OF VITAL RECORDS,	n o prince by we on we we we were a second with the weak of	CERTIFICATION	190 DATE OF OPERATION 7/30/8/		OPERATION WAS PERFORMED ABDOMINAL ANG	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ITAL	Consist property Hygier	ERT	21g. ACCIDENT WAS UNDERLYING			CCURRED (ENTER NATURE OF INJURY	YES NO I
OF.	Clan physical physica	CAL	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
NO	this of the day	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	N COUNTY STATE
SIAIG	So the	2	AT WORK AT WORK	TAT TOME STREET, FACTORY, OFFICE,	ARM, ETC)		
	Heol of Bridge			al) attended the deceased from_			e and hour and fram the causes stated
	RECTC ed for pt. of pt. of		sow the deceosed alive on above, (1) (we) (did) (did no 22b, SIGNA LHIE	view the bady after death.	DEGREE DEGREE	omion death occurred on the date	22c. DATE SIGNED
	the Ithe Ithe Ithe Ithe Ithe Ithe Ithe I			unt Mo.	M.D. ATTENDI	NG MEDICAL STAFF	
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	O HOSPITA Political by TO FUNERAL Should be de with the Stot		SINEI	YATMO-	512	VER SPRING	MD, 20903
3	CO 13 3	23a J	CURIAL, CREMATION HEACHAL	23b. DATE 23c	NAME OF GEMETERY OR CREMAT		- COURTE A ANIAI)
Y, L	BP	0	Ellalion,	7/3//1781 F	T. WINCOLN C	EM. COTTAGE	GITY I.G. Md.
10,-	DHMH - 16 50M 1/B1 (VRA 15, 4)	7	JNERAL DIRECTO	ADDRESS ADDRES	QS/15/19		b. REGISTRAR'S SIGNATURE
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STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. N	0.	9 0	5 1
	(TYPE	CEASED NAME SAR	Ah	L.	Po	stal	2a DATE OF DEATH	7 3	3 81	5 3 0 M
	3 SE	× FEMALE	4 RACE WHIT	E	5. DATE O		6 AGE (IN YEARS LAST BIR		FUNDER TYEAR	F UNDER 24 HRS
9	(RTHPLACE (STATE OF FOREIGN SEOUNTRY) 3EORGIA TY OR TOWN OF DEATH	U.S.		MARRIE WIDOWE	D X NEVER MARRIED	12a USUAL OCCUPATI	GOM WORKING LIFE	ERY 126 KYAD C INDUSTRY	MD. PF BUSINESS OR
5	13a S	MARYLAND PR.	OTHER INSTITUTION ATTY GEORGES	OVE RESIDENCE BEFORE 13c CITY OR TOWN HYATTSV	N	13d. INSIDE CITY LIMITS? YES NO	RETAIL 13e STREET ADDRESS 6708 2			OES
1		THER'S NAME CHARLES	MIDDLE	LEVITAN		TOBY FIRST	ME MIDDIE LEBA		HIRSC	HOWITZ
2	13		MED FORCES? E WAR OR DATES)	166 SOCIAL SEÇU 255-20-		17 INFORMANT	RY POSTAL,		\$ #13	
	NOI	18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE) LAMEDIAT Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OF	Cerebr R AS A CONSEQUE R AS A CONSEQUE	NCE OF	SCULAT A		DITION GIVE	5 d	7
2	CERTIFICATION	19a DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED TENTER NATURE OF INJUR	RY IN ITEM 18 RAI	RT OR PART 2)	
4	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify the (11) when boson to be deceased alive on above (1) was taked (did pol).	al) attended the	deceased from	2/	21f LOCATION STREET 4/28, 198/ and that in(my) authorizing a	city or ion	7/3		the (I) (we) lost couses stated
		276. SISSIMPLURE/	lane	aum		ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	221 DATE	18/

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any TO FUNERAL DIRECTOR After should be detached for use as with the State Dept. of Health DHMH - 16 50M 1/B1 (VRA 15, 4)

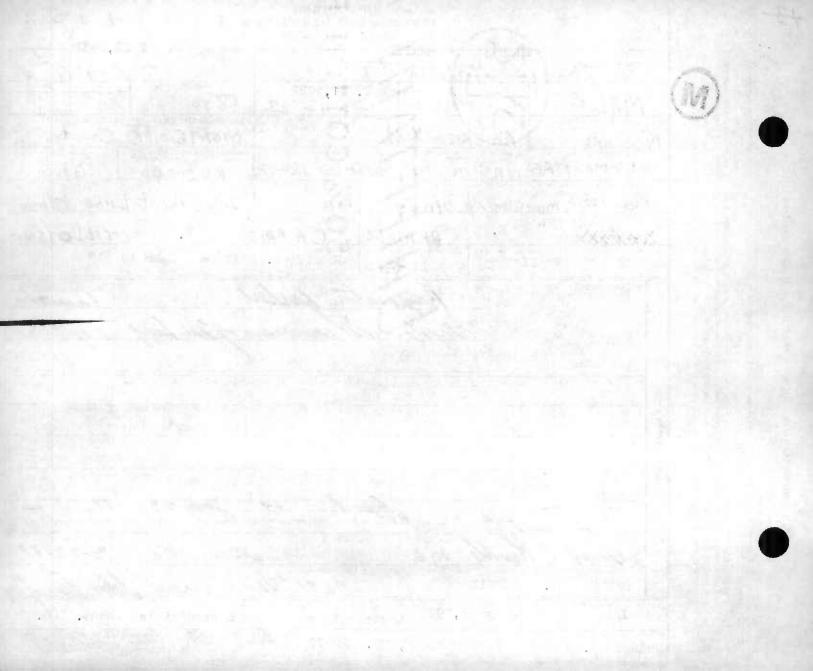
8630 FENTON ST. SIL. SPE. MD. 20910

23d. LOCATION CITY OF TOWN CAPITOL S. PR. GEORGES,

BURIAL CREMATION, REMOVAL 236 DATE NATIONAL CAPITON BURIAL JULY 5,1981 HEBREW CEMETERY PONAL CAPITON HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

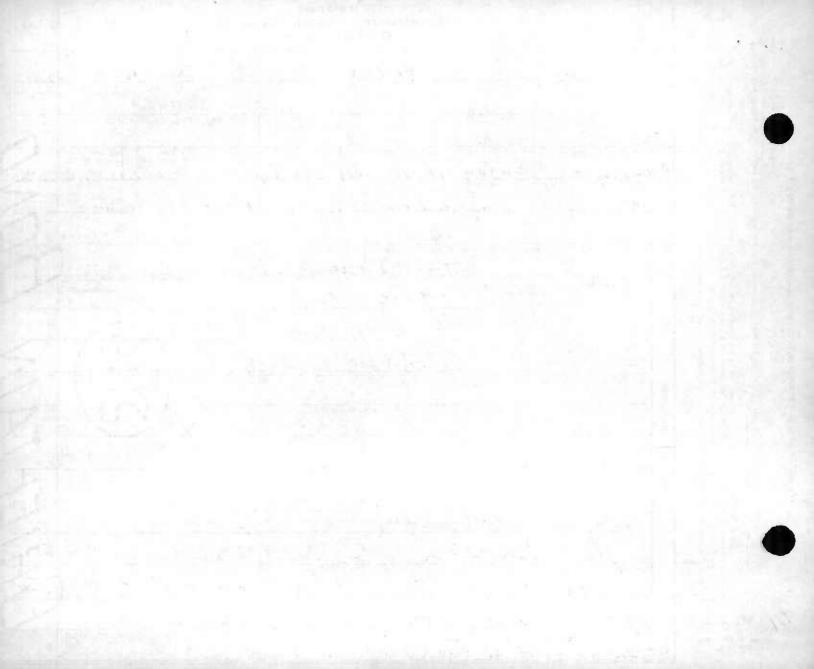
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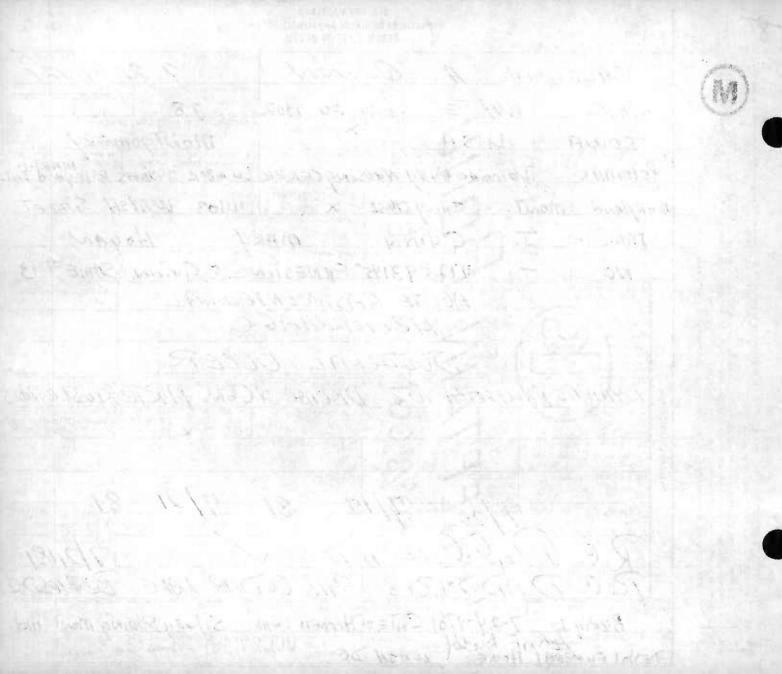


. 10	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE B	1 9	0 5 3
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hoy be		OR PRINT)			PRICC		Jul	1 16 8	0.73
E 7	3. SE	X	4. RACE		S. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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		COUNTRY	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEAT	Н
death. funeral hin 72	_	taly	U.S.A.		WIDOWE	DIVORCED [Montgome	ry	MD.
5 0 5 0 /		ITY OR TOWN OF DEATH	III. NAME OF	HOSPITAL, NURS II	NG HOME O	ROTHER INSTITUTION	12a. USUAL OCCUPATION	DRKING LIFE) INDUS	ND OF BUSINESS OR
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od in by d be fill	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION	13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	138. STREET ADDRESS		
MARYLAND 2 ed within 24 h mpletely filled ond 2 should b			PONTLOMER	GAITHERS	RIRG	YES NO	19308 KEL	MAR WI	14
RYLA etely d 2 sh	14. FA	THER'S NAME	MIDDLE	LAST	~	15 MOTHER'S MAIDEN N	AME		NAST.
		Angelo		Pricc	i	Rose		R	iccardi
MORE, nond co		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SEC	JRITY NO.	17 INFORMANT da	ughter ADDRESS		
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rentificate be executing physician and coban papers. Pages 1 removal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	only one couse pe SED BY: ATE CAUSE (0)		od (c).)	ARREST		RETA	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ath ath in, ar moti		7100	DUE TO, C	OR AS A CONSEQU	ENCE OF	Vocalnia.	infrection	100	
W. PRESTON ST not the death certi- by the attending p sse remove corbon cremotion, ar ren other traumotic ev		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, C	OR AS A CONSTOU	ENCE OF	BENIG SHO			
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the other ding physician. After this certificate has been signed to so the burial-transit permit. Then plean thand Mental Hygiene prior to burial, orked or them 18 shaws ony injury, or a contract of them 18 shaws ony injury, or a contract of them 18 shaws ony injury, or a contract of them 18 shaws ony injury, or a contract of them 18 shaws ony injury, or a contract of them 18 shaws on injury, or a contract of them 18 shaws on injury, or a contract of them 18 shaws on injury, or a contract of them 18 shaws on injury, or a contract of them 18 shaws on injury, or a contract of them 18 shaws on injury.	NOI		CONDITIONS C	ONTRIBUTING TO			MINAL DISEASE OR CONDITI	ON GIVEN IN PAI	RT 1(a)
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DHMH-16 30M 2/80		INERAL DIRECTOR Franc					ATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIG	NATURE
(VRA 15, 4)	50	O University B	lvd., W.	Silver :	Spring	, Md.	UL 2 3 1981 /	names Color	un l'az Ulan

STATE OF MARYLAND



2				STATE OF MARYLAND			m 2 10 11
8	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH	C NO.	9059
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEA	TH MONTH DAY	YEAR 26 HOUR 15
	3. SE.	LHUGHL	IN H.	Is. DATE OF BIRTH	6 AGE (IN YEARS I	AST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
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one one one		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT		ADDRESS	C1 = # 13
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R ATTE haspira RECTO red for spt. of b			of) view the body after death.) opinian deoth accurred on	the date and hour o	
at OR the hor the hor DIRE etache etache te Dep		R.C.	La Joan		NDING DIRECTOR TH	STAFF HYSICIAN []	7/2/18/
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540p		URIAL, CREMATION, REMOVAL SPECIFY	1 1 1001	ONTE OF HEAVEIN	CITYLOR TO		NG MONT STATE
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(VRA 15, 4)	13	- La Contant	11000	MARIL DO	1001	- Charles	State School



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 204130 3. SEX 5. DATE OF BIRTH A AGE JIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 7a BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION JOUAL RESIDENCE LIFT NURSING HOME OR OTHER INSTITUTION, OF RESIDENCE BEFORE ADMISSION 3309 Solomono YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN I IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OTAS ACONSEQUENCE OF DEAL Sarcoma Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2_OTHERS INVIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? arcoma NO YES [210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 10 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1)(this haspital) attended the deceased from 19 81 saw the deceased alive on abave. (1) (we) (did) did not and that in my (aur) apinion death accurred on the date and hour and from the causes stated the bady after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF should be deta with the State PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS SHERER 1109 Soring 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial. silver Spring. Montg. Md Heaven DHMH - 16 50M 1/B1 akoma Funeral Home. (VRA 15, 4)

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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
_	1 DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
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(IVI)	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHI	
	Female	White	Jan 27. 1904	77	MONTHS DAYS HOURS MIN
dir.	7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR	COUNTY OF DEATH
oth 72 H	COUNTRY)		MARRIED X NEVER MARRIED		
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JOH WITH		LIF NOT IN SUCH FACILITY, GIVE STREET	(ADDRESS)	(TYPE OF WORK FOR MOST OF	WORKING LIFET INDUSTRY
102 201	Rockville	Shady Grove A	dventist Hospital	Teachers	Aid School
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Confidence out of the		tgomery Clarks		Box 46	
YLA rety 2 sh	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
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m, 49 0 2 10 1	160 WAS DECEASED EVER IN U.S.			ADDRES	S
AOR exe	(YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)	01270 # 7-1-		
ian be m	No	217-28-		Redgrave	Item 13
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of the state of th	AT WORK				
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OR ATT OR ATT DIRECTO DIRECTO Dept. of	22b. SIGNATURE	0 /	DEGREE		22c. DATE SIGNED
The est	Eugene T'	J Kanne	MO ATTENDING PHYSICIAN	MEDICAL STAFF	ANK 11 AUG 81
E & & D & Z	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS \ & \ \ \	PRINCE	PHILIP DRIVE
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O HOSP retoined I TO FUNE should be with the Simple IMPORTA	230 BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d LOCATION	00030.
0000	(SPECIFIC CREMATION, REMOV	0.40.400		CITY OR TOWN	COUNTY STATE
BP		8/3/81 N	lestview las no	Baltimo	re Maryland 5b. REGISTRAR'S SIGNATURE
DHMH - 16 60M 1/75	24 FUNERAL DIRECTOR	ADDRESS			THE OFFICE AND STONATURE
(VR A 15 (4))	Olin L. Mole	sworth, P.A. D	amascus, Md.	UG 5 1981	Manu Janlarthen

Penale 27 1408 77 England England security of the compact of the compa the got the game of agreement of the large and the large a ROWER 217-28-8137 H. John Rederave Item 13 Layers Tayler Teaching Palitings provided

olle I. Solemorth, P.A. Tommsons, Id. Lille

FOR

REGISTRAR

- STATE

Electric Co. 324 Margaret Street Albury See item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Diffuse metastatic adenocarcinoma of the ovary PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) COUNTY STATE and that in ma) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED July 30 1981 National Naval Medical Center, Bethesda, Md. Florida Aug. 4, 1981 Burial City Cemetery Key West Monroe 250 DATE REED. BY HE GIRAR 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Ives Funeral Home Arlington, Va.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

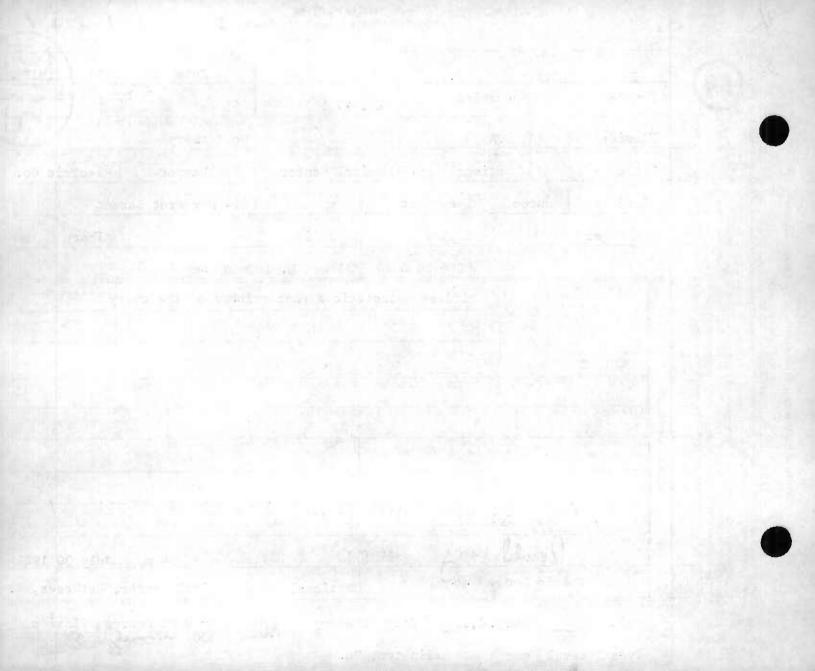
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1	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8		9 0	2 4			
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	CHARLE	S HENRY	RIC	KETTS	July 12,			7:25A			
3. SE		4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BI	THOAY	UNDER I YEAR	IF UNDER 24 HRS			
	Male	White	OVE	ember 26,	28 52	YRS.	VIHS DAYS	HOURS MIN			
24/	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY		FDEATH				
	ermuda.	Bermuda	WIDOWED		Montgom	٨					
26 B	ethesda	Clinical Cent	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IS SUCH FACILITY, GIVE STREET ADDRESS) Hinical Center, NIH, Bethe				120 USUAL OCCUPATION (TYPE OF WORK FOLEON PLANTS) TO BE THE STATE OF BUSINES AGE AND Plumber Age. & Fis				
130. B	IAL RESIDENCE (IF NURSING HOMEOR STATE ISL COUN ermuda	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY OR TOW Hamilto	E AOMISSION)		13e STREET ADDRESS Northhav	e, Bal	ley's	3ay			
14. F	ATHER'S NAME FIRST Arthur	Ricketts Ricketts		Jane	Elizab	eth					
16a.	WAS DECEASED EVER IN U.S. AR			1 INFORMANT	ADDR						
3	(YES, MYBUNKNOWN) (IF YES, GIV	N/A		Mrs. Mary	T. Ricket	ts - S	ame				
r other traumotic eve	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	ly one couse per line for (a), (b), on D BY: Cardio] E CAUSE (o) DUE TO, OR AS A CONSEOUR (b) DUE TO, OR AS A CONSEQUE (c) Metast	ence of Ei	mbolus			14 h	ours vear			
8 shaws any injury, or	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO D			20e AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED			
ows TIFI					YES X) NO	YES !	NG CAUSES (NO -			
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART	OR PART 2)				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.	PH. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE			
E				6 , 1981	July			hat X (we) la			
21:	saw the deceased alive on above, (IXve) (did) (diXX	July 12	81 , and	that in (My) (our) opinion d	leoth occurred on the d	ote and hour o	nd from the c	ouses stated			
MPORTANT: # Hea	But Z	tit	m	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN	7/13	IGNED			
MPORTANT	Burt LIT	Aman M	0	22. ADDRESS Nation	onal Inst	itutes		ealth 2020			
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			Cemetery	23d. LOCATION CITY OF TOWN Bermu	Charles M. a San	YINUO	STATE			
24. F	UNERAL DIRECTOR	11800 New Ha			REC'D. BY REGISTRAR	25b DEGISTRA	R'S SIGNATL	IRE			
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STATE OF MARYLAND

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Rd., Suitland, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 2b. HOUR YR5 9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 125 KIND OF BUSINESS OR 1404 Quinwood Street Bramble Wash. D.C. THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE

Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4)

Suitland, P.G., Maryland

24 FUNERAL DIRECTO Robt E Wilhelm ADDRESS 4308 Suitland TO JUL RES CO. 8

.dssn. AR (B. C) S. T. C. The ST. VIII. LA C. FALLS

STATE OF MARYLAND

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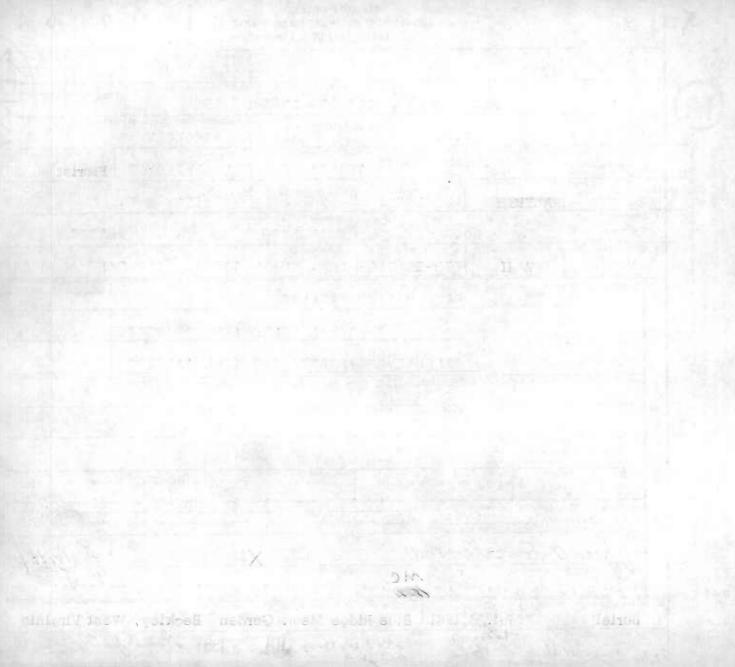
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN TX MONTH 26 HOUR TYPE OR PRINT) EST1-DEATH MATED ROGERS LYNN CARDL 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 8:36 LAST BIRTHDAY) PRONOUNCED 7-3-81 white female JUNE 19. 1961 DEAD 19 a M 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIE FOREIGN COUNTRY! Montgomery County MARYLAND WIDOWED DIVORCED 3. RETAIN PAGE 2 SHOULD BE FILED AL RECORDS, 201 ID. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1800 Sanford Road Silver Springs SALES LADY SHUMAKERS 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MONTGOMERY SILVER SPRING 1002 ROBIN ROAD MARYLAND YESK NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AND ROGERS JOSEPH GLORIA FLOHR A. 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS FATHER 217-84-2427 JOSEPH V. ROGERS SAME AS 13 NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES XX NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 31910AM MOTH 3DAS 1 YEAR UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH subject found shot 21f. LOCATION 21e PLACE OF INJURY LATHOME 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 1800 Sanford Rd. Silver Springs, Maryland STATE Autopsy XX 22a. I certify that I took charge of the remains described above, held an and in my apinion HamicidXX death resulted from: EXECUTE THE CERTIFICATION OF TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYL ACTUAL DATE 7-3-81 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRES 111 Penn Street (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 23b, DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD. 00 BURIAL 7/6/81 GATE OF HEAVEN SILVER SPRING MONT 14 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-17 500 UNIV. BLVD. . W. . SILVER SPRING, MD. 20901 (VR A15 ME (5)) 1584 2780

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leh 3203	23e	BURIAL, CREMATION, RESPECTED Crematio		23b DATE 7/9/8			EMETERY OR CREMATORY Hill Cremator	23d. LOCATION CITY OF TOWN	Md cou	INTY	STATE
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0	,	1	STATE REGISTRAR			ICATE OF DEATH	REG. NO.		198
			CEASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH MON	TH DAY YEAR 26	HOUR
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D 21:	4 hour	13a	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 (COUNTY		RE ADMISSION)	134 INSIDE CITY LIMITS?	13 STREET ADDRESS A	.ue	
IAN I	Show Show	14 6	U - VA RALEIC	BECKLE	Υ	YES X NO 1		AVE.	
MARYLAND	omplete ond 2		WILLIAM G.	ROOP		DELSIE	WIDDLE	ARTSIP	
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BALTIMORE	S. Poge		YES WW	II 533-3P	-7663	MRS - CHARL	OTTE A. ROO	SA BMAS AS	ABOVE
Page 1	physical on paper emaval.		18 CAUSE OF DEATH Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	PECUTO		FAILURE		APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
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DIVISION OF VITAL RECORDS, 201	no. hos been permit. I ne prior ws any it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES (X)	DEATH?
ITA	N. Thysicio	ER	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN II		40 🗆
OFV	SICIAN ng phy certific certific certific ental tree lent 18		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH		307-2078			
NO	HYSI nis ce burn	MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
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	Sprito CTO CTO I for of h	18	sow the deceased alive on above, (X(we) (did) (dXdXoX vii	aw the body ofter death.	Al on	d that in XmX) (our) opinion	death accurred on the date of	nd hour and from the cou	ses stoted
	OR Joseph DiRE		22b. SIGNAGURE	was No. 1	[DEGREE		TIC DASE SIG	NED
	O HOSPITAL efained by th TO FUNERAL should be deter with the State MPORTANT: If		JOHN 4. 100	rodicy M.D		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 4 Yaly	1981
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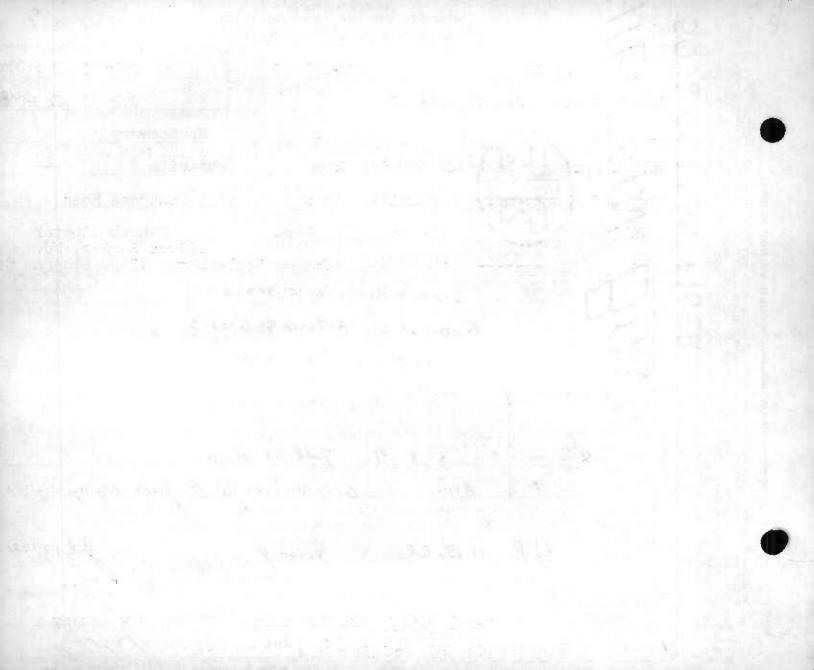


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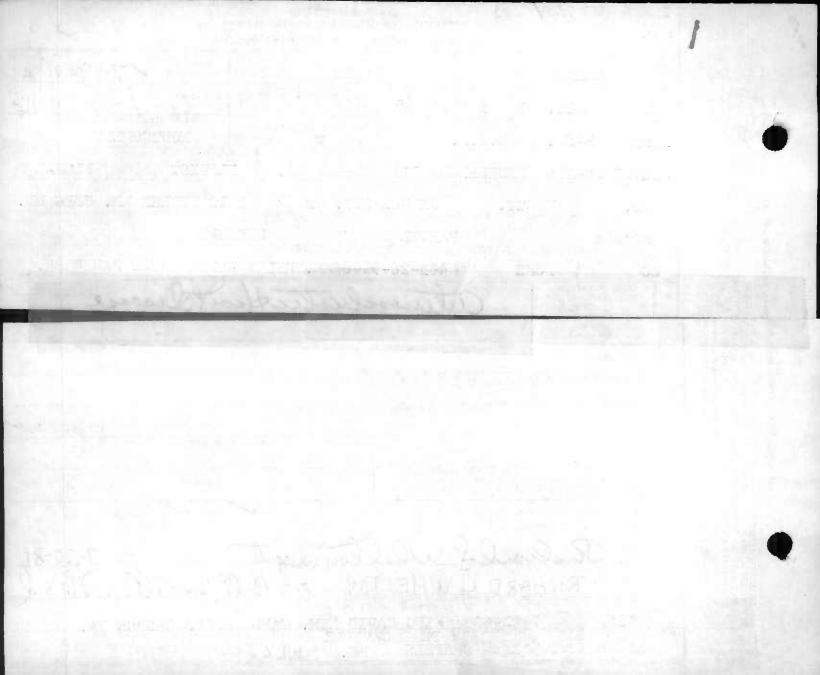
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TT prid		saw the deceased o (we) (did)	dd not view the b	ody ofter death.		d that in (hy) (our) opinion (death accurred on the do	ite and hou	ir and from the	ouses stated
OR A he has DIREC oched Dept.	1/	MA SIGNATURE	+ Ch.			DEGREE ATTENDING	MEDICAL STAF	E	22c. DATE	SIGNED
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O HOSPITAL TO FUNERAL Should be de with the Stat		22d PHYSICIAN'S NAME Robert	Chinn .	J. M.D.		27e ADDRESS				
Should HO						National Nav	al Medical	Cente	r, Beth	esda,Md.
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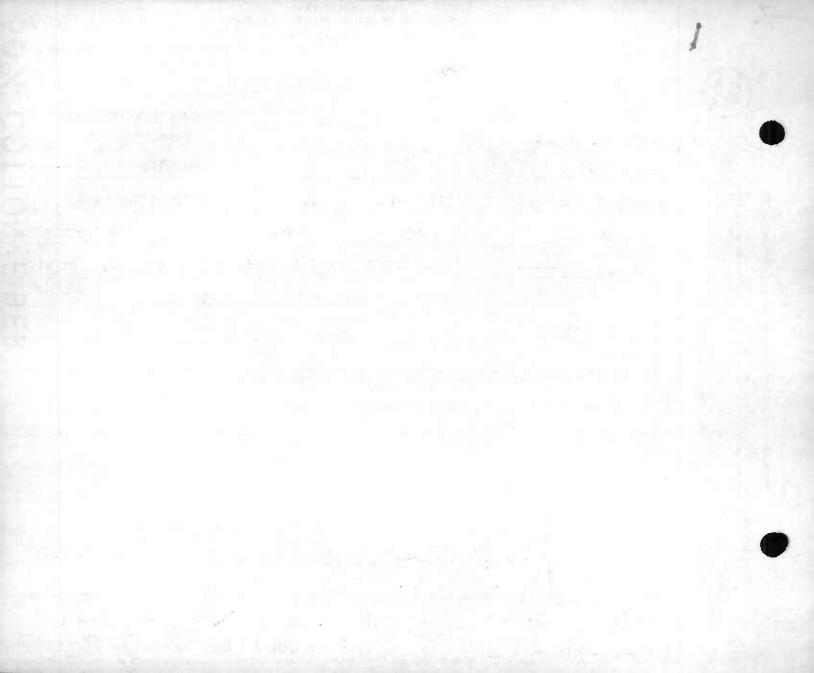
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RESTO	HIN 24 EE ALC NSIT P EMOV.			ns, if ony, which		TO, OR	AS A CONSI			Arter	io Sc	lero	sis					
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CORDS	ID BE EXEC PENDING" MEDICAL D AS A BUR MEALTH AN MEALTH AN	NO	PART 2 OTHER ST	Fracture	CONTRIBUTING	TO DEATH B	HIP.	O TO THE TERM	INAL DISEAS	E OR CONDITIO	N GIVEN IN PAR	tt 1 ial.						
I R	HOULD BE RD "PENE HIEF MEE AS OF HEALT	CERTIFICATION	190. DATE OF	OPERATION	196	CONDITI	ION FOR W	HICH OPER	ATION W	AS PERFOR	MED?					20	AUTOPSY	?
VIE	WORD WORD WORD ENIOR	E						100									YES 🗌	NOX
ION OF	文化中山水下	MEDICAL CE	UNDERLYING CONTRIBUTI	NG CAUSE OF	DEATH 7	P.M.	MONTH D	8 198/		Fell	OCCURRED CONT	Lan	ME -	NJURY IN ITEA	A 18 PART 1 OF	PART 2)		
DIVIS	EAAAEE	MED	WHILE AT WORK		ST ST	TREET, FACTO	ORY, FARM, ETC.	(AT HOME,		CATION STREET	Iontos	se R	d. /	oz KV	The 1	COUNTY	19007-1	STATE Md
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: B AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2			228 I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner ,										opinion				
•	AL EXA HE CERI HOULD AL DIRI (TH, WI]		ACTUAL SIGNATURE	9	Ifm.	21	Bel	e		TITLE (S	PECIFY)	MEDI	ÇAL EXA	MINER .	DA SIO	E D	13	1981
	MEDIC ECUTE T GE 4 SI FUNES TER DEA	-	EXAMINER'S (TYPE OR PRI		ohn G	. Ва	11			ADDRESS_	7936			la, l	etow	Re	1.,	
	PAAPAA BAAPAA	23a. B	PEC#Y)	TION, REMOVAL	23b. DATE					RCREMATO		CITY	CATION		C	YTAUC		TATE
9,	8P0104	24.5	Buri	al	7-16		Ce	dar	Park	Cem	etery	P	aran	nus,	New	Jer	sey	
John	DHMH - 17	-	NAME		- (I	ADDRESS						17	981	AN ANA	COISTRAK	SIGNA	TURE	
	(VR A15 ME (5)) 15M 2/80	par	izansky	-Goldber	g unap	ers;	11/0	KOCK	71.116	PIKE	~~~	de 6	1001	- 1		de /	usile	

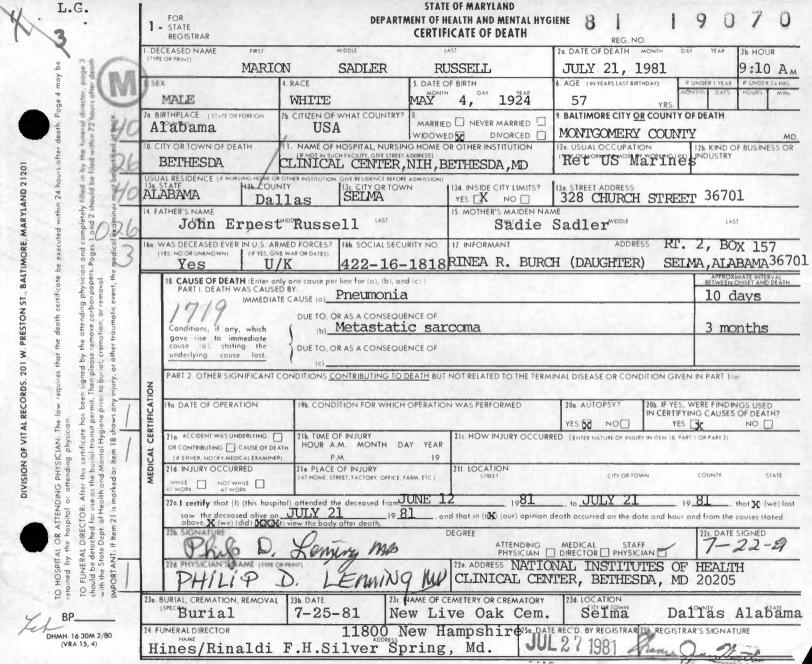


8	1.	FOR	557 7/29/	/81 gj	STA DEPARTMENT OF		ARYLAND AND MENTAL H	YGIENE	9	9 11	6 8
	1	REGISTRAR		MEI	DICAL EXAMIN			F DEATH	REG. NO.		0 0
1 was also		PECEASED NAM	BARNARD		MIDDLE	RUBIN	J	20. DATE NOF DEATH	ESTI-	7-19.	YEAR 2b. HOUR
THOUSE OF STREET	3 S	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD		DER 1 YR. IF UNDER	24 HRS. It DATE	CED :4	DAY DAY	YEAR 24 HOUR
Se		M	CAUC.	7 5		RS. MONTH	S DAYS HOURS	DEAD	ORE CITY OR C		19 8 11 DN
158		BIRTHPLACE (S FOREIGN COUNTRY) BOSTON,	MASS.	U.S.A		8. MARRIS	D NEVER MARRI	ED 1	MONTGO	MERY	WE
PAGE S S 2014	1	CITY OR TOWN	SPRING		PITAL, NURSING HOMI CILITY GIVE STREET ADDRESS! ICE: 1110		ER LA.	FOR MOST OF WORK	ATION (TYPE OF	WORK 12b KIN OR FL	ID OF BUSINESS INDUSTRY
E ANY DEL AND 3 TO SHOULD BE SHOULD BE		STATE MD.	113b. COUN	OR OTHER INSTITUTION, GIV NTG.	13c. CITY OR TOWN SILVER		134. INSIDE CITY LIMITS?	130 SIREET ADDRE	DLER :	LA. SS	SPG MD.
MD 32.2	14.	FATHER'S NAMI		MIDDLE	FAIVEL		15. MOTHER'S MAIDE FIRST	N NAME	DDLE		AST
TIMO TER D FORM	160	WAS DECEASE (YES, NO, OR UNKNO NO		MED FORCES? WAR OR DATES) ONE	166. SOCIAL SECURIT		MR. PHILI	P RUBIN	14500	BAUER	R DR.
* # T S O			ATH WAS CAUSE	nly one couse per line D BY: TE CAUSE (a)	leleis	eli	colies	Heart	Dise	as the same	PROTINGET AND INATH
201 W. PRES UTED WITHIN IN PENCIL IN EX-AMINER RAL TRANSI ON, OR REM	7	gove rise couse (o) lying cous		(c)	S A CONSEQUENCE O		R CONDITION GIVEN IN PART	1 (a).			
AITAL RECO SHOULD BE OND "PENDI CHIEF AND FOF HEALTH URIAL, CRE	CERTIFICATION	19a DATE OF	OPERATION	196 CONDITIO	ON FOR WHICH OPERA	TION WA	S PERFORMED?				TOPSY?
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECTRITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BUE TO EPERARMENT OF HEATH AND OF PRIOR TO BURIAL, CREMATI		21a EXTERNAL UNDERLYING CONTRIBUTIN	and the same of th		NJURY MONTH DAY YEAR	21c. HOV	V INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1		S NO I
DIVIS THIS CERT WARDED PAGE 3 SI TATE DEP.	MEDICAL	21d. INJURY OF WHILE AT WORK	CURRED NOT WHILE D AT WORK	21e PLACE OF STREET, FACTOR		211 LOCA STRI		CITY OR TOWN	1	COUNTY	STATE
XAMINER: ERTIFICATE ID BE FORV. IRECTOR: WITH THE S		220 I certify death resulted ACTUAL SIGNATURE		e of the remains descr of couses , A	ibed obove, held on accident , Suice	Autopsy ide	Inspection Homicide ,	Undetermined month	ner,	ATE JOSEPH	20-8i
TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNETAL D AFTER DEATH, D BALTIMORE, M	-	EXAMINER'S N (TYPE OR PRIN	1) 1/07	TARD L	WHEL	TONAL	DE 100	Bult ave	ca	Sac Po	lo mil
D, 28500	(BURIA		7-21-81	23c. NAME OF CEM	VID	MEM. GAR		CHURC	H VA	STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	74 F	DAN ZA	OR 1170 NSKY-GO	ROCKVILI LDBERG C	E PK ROCI HAPELS	MD.	JE 250. DATE RE	3 1981	Bb REGITT	Ban Page	<u>t</u> .



	~	FOR			EDADT			ARYLAN				d in		-3
	1-	STATE REGISTRAR							NTAL HYGIE			9	0 6	7
	1. DE	EASED NAME	FIRST		WIDDLE			LAST	AIL OI DI		REG. NO.	MONTH	DAY YEAR	25 HOUR
	(TYP	E OR PRINT)	LILLIA	AN	M.		F	RUBIN		OF DEATH	ESTI-	7	11 19 81	
	3 SEX	4. R/		5 DATE OF BIRTH	NF. 10	6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER 24 HR	S. 2c. DATE		MONTH	DAY YEAR	2d. HOUR
	f	emale	white		1897	LAST BIRTHDA 84 YR	MONTH S.	DAYS	HOURS MIN.	PRONOUN DEAD	CED	7	11 1981	2d. HOUR 4:25
22		RTHPLACE (STATE O	R	76 CITIZEN OF WH	AT COUN		1	ED XXNEV	ER MARRIED	9. BALTIMO	ORE CITY OR	COUNT		- M
10	M	ontreal.	Canada	USA			WIDOW	-	DIVORCED [gomery	Cou	nty	MD.
19	10. C1	TY OR TOWN OF D	EATH	11. NAME OF HOSE	HATY, GIVE ST	RSING HOME,	OR OTH	ER INSTITUT	ION 12a L	JSUAL OCCUP	ATION (TYPE O	F WORK	OR INDUST	JSINESS
00		ilver Spr		Holy Cr	ross	Hospit				OR MOST OF WORK Hous	ewife			
	13a. S		136 COUNT		113c CITY	OR TOWN		13d. INSIDE CIT	Y LIMITS? 13e. S	TREET ADDRES	55			
2		laryland	Montg	omery	Sil	Spring		YES XX	NO 🗆	TREET ADDRES	.0 F≱d1	er L	ane	
61	14. FA	THER'S NAME		MIDDLE		ubin		FIR	R'S MAIDEN NA	WE	DDLE	Diag	eichtman	
76	160 V	Barnard AS DECEASED EVI	RINIIS ADAA	ED EODCES2		ID 1 N	NO	17 INFORM	eina		ADDRESS	bre	cotman	Md.
1	(Y)	S, NO, OR UNKNOWN)	(IF YES, GIVE W			-26-933			ip Rubin	. 1/500		Dn	Dock	
			ATH /Enter only	one couse per line (1	PHILL	ip Kubin	, 14500	Dauer	, וע	APPROXIMAT	
		PARTIDEATH	WAS CAUSED				otic	cardi	ovascula	ar dise	250		BETWEEN ONS	T AND DEATH
OVAL.		4299	MMEDIATE	DUE TO, OR				Carar	Ovascate	ui uisc	<u> </u>			
AND MENTAL HYGIEN ATION, OR REMOVAL		Conditions, if		100									12	
3 2 1201 PRIOR TO BURIAL, CREMATION, OR.		gave rise to cause (a) stati	ng the <u>under</u> -	DUE TO, OR A	AS A CON	SEQUENCE C	F							
NO I	21	lying couse lo	st.	(c)										
EWAI	N	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERMI	NAL DISEASE	OR CONDITION	GIVEN IN PART 1 (a)					
5	ATIC	190. DATE OF OPE	RATION	19b. CONDITI	ON FOR V	WHICH OPERA	TION W.	AS PERFORM	AED?				120 AUTOPSY	?
4	IFIC												YES K	по П
2	CERTIFICATION	216. EXTERNAL CA		216 TIME OF		DAY VEAD	21c. HC	OW INJURY (OCCURRED (ENT	TER NATURE OF INJU	IRY IN ITEM 18 PAR	T 1 OR PAR		
5		UNDERLYING CONTRIBUTING	OR CAUSE OF DI		MONIH	DAY YEAR								
r K	MEDICAL	214 INJURY OCCU		21e PLACE O		(AT HOME,		CATION		CITY OR TOW	N.	COU	AITY	STATE
	2		WORK		.,					CIT OK TOW	,,	000		SIAIE
		22a. I certify the	ot I took charge	of the remains desc	ribed obo	ve, held on	Autops	y X.	Inspection .	, Inquiry	, and	п ту ор	inion	
		death resulted fro	om: Naturo	al couses X	Accident	, Sui	ide .	Homicio	de Und	determined mar		,		
BALTIMORE, MARYLAND, 2			K	In A.	00			TITLE (SP						
,		SIGNATURE		MAIN	XI	~	M.	D. Assi	istant MI	EDICAL EXAMI	INER	DATE SIGNED	7-12-8	31
3	-	EXAMINER'S NAM (TYPE OR PRINT)	E A	nn M. Dix	on, N	4.D.		ADDRESS	III Penn	St.			1017	
	23a.Bl	JRIAL, CREMATION			23c. N	IAME OF CEM			RY 23d.	LOCATION		COUN	TY -	TATE
	(3	Burial	7	-13-81		ing Dav		em. Ga					irginia	TAIL .
	-	INERAL DIRECTOR		ADDRESS	Rock	ville,	Md.	25	DATE REC'D.	BY REGISTRAR		BAR'S SI	GNATURE	
)	Da	inzansky-l	Goldber	g Chapels	; 117	70 Rock	vill	e Pike	AOL T 4	1301	- march	goe	Marilen	



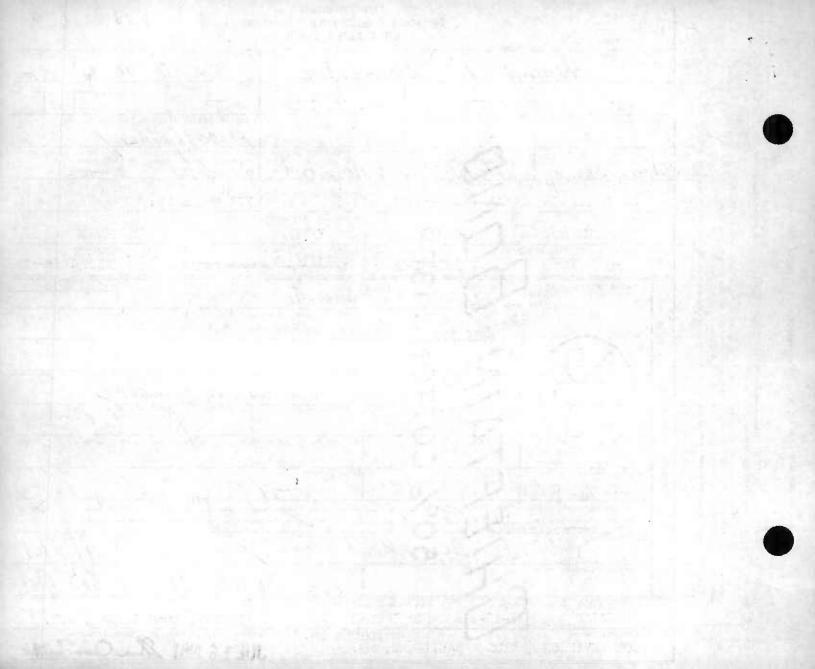


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	1.	FOR STATE			DEP		EALTH AND MEN		ENE 8		9 0	/
	1 05	REGISTRAR CEASED NAME	FIRST		WIDOLE		AST DEA		REG N		DAY YEAR	
å 33 e		OR PRINT!	,						20 DATE OF DEATH		DAY YEAR	26 HOUR
noy be poge 3 er death	2.05	v	RAN	DOLPH	C.	SAILE				1981		7:40 am
or, p	3 SE	MALE		4 RACE CAUCAS	STON	5 DATE C	DAY	YEAR	AGE IN YEARS LAST BI	THDAY	MONTHS DAYS	HOURS MIN
1 5 - 85							24-1898		82	YRS		
O(M) \$15		RTHPLACE STATE OR FO	PREIGN	USA	WHAT COUN	TRY?	NEVER MAR	RIED L	Montgome Montgome		OFDEATH	MD.
Q effective of		ITY OR TOWN OF DEA Lnev	тн	(IF NOT IN SUC	CH FACILITY, GIVE		R OTHER INSTITU		120 USUAL OCCUPATION OF WORK FOR MOST			OF BUSINESS OR
212 nour	JUSU	AL RESIDENCE (IF NURSI	ING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)		1				
LAND 24 h		Md.	Moi		Sandy	Sprin	ALES NO	LIMITS?	17330 Qu	arke	r Lane	
	14. F	ATHER S NAME		MIDDLE	LAST		15 MOTHER'S MA	AIDEN NAM	E MIQQLE		EAS	51
MARY makete with ted with the cond 2 ond 2	T	homas He	enry	Power	cs Sai	lor	Eliza	beth		Clo	thier	
BALTIMORE, one be execu- system ond cc ppers. Pages i vol. t, the medical	16a V	VAS DECEASED EVER	IN U.S. AR	E WAR OR DATES)		SECURITY NO. 26-4816	IT INFORMANT Louise	E. 5	Sailor (w:		Same a	s #13
201 W. PRESTON ST., es that the death certific ned by the attending phy please remove corban pi urnal, cremotion, or remo y, or other troumotic even	7	Canditions, if any, gove rise to imm couse to, stoling underlying cause	which sediote gather last	DUE TO, O	RAS A CONS Capera RAS A CONS Wega T	EQUENCE OF EQUENCE OF	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	IDITION GIV	6/8	JOANTE INTERVAL ONSET AND DEATH
AL RECORDS, The low requirements to the seen significant to the seen significant to the seen prior to be seen so the seen prior to be seen so the seen prior to be seen seen seen seen seen seen seen s	CERTIFICATION	Carlexi 19a DATE OF OPERAT 6/12/81 7	100 /1/8	1 Chro	TION FOR WI	HICH OPERATIO	WAS PERFORME	D	200 AUTOPSY?	IN CERTIF	, WERE FINDIFYING CAUSES	
SICIAN Top physici certificate rial-transi entol Hyge them 18 sh	ICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	-111		DAY YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJE	JRY IN ITEM 18, P	ART 1 OR PART 2]	
PHY:	MEDIC	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e PLACE			211 LOCATION STREET	File	CITY OR TO	wN	COUNTY	STATE
TTENDI pitol or TOR A for use of Heal		220.1 certify that (1) saw the decease above, (1) (we) (d	d alive an	7/10/9	27		, 1 d that in (my) (our) opinion de	to 7/11	late and hou		that (I) (we) last causes stated
the har the har the har the har the har the DIRE		DI K	To	rason	ta		PHYS	NDING SICIAN	MEDICAL STA	FF CIAN []	7//	181
TO HOSPITA retoined by TO FUNERA ishould be dewith the Stot with the Stot MPORTANT		22d. PHYSICIAN'S NA					27e ADDRESS					
0000 BP	t	BURIAL, CREMATION, F SPECIFY) CEMOVAL	REMOVAL	7-//-	81	23c NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
DHMH - 16 60M 1/75	24 F)	NERAL DIRECTOR	0	- 1	ADDRES	s 0	-1	250. DATE	REC'D. BY REGISTRAF	25h PEGIST	RAR'S SIGNAT	URE
(VR A 15 (4))	X	NATOMY	1501	RY CS	5W	BAHIM	U.R.R. ST	1 1111	ואצו מ [Many	4 Que	11.71

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Teldier		ACCURATE TO	Long Powers Co.	
	Tiw) mottes .	-48lf Louise B		

July 5 Lee's Gresstory Vannington, D.C.

STATE OF MARYLAND

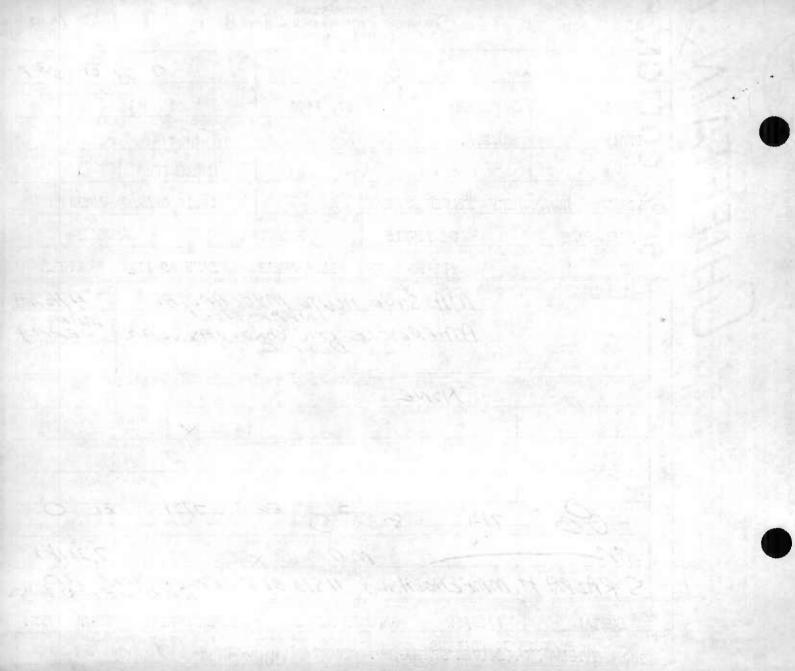


72		,	FOR		DEPART		OF MARYLAND EALTH AND MENTAL H	IYGIENEB	190	7 4
10		-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG	٧٥.	
			CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEA	R 2b HOUR
	oy be		Melv	in		Sch	oner	July 20	, 1981	4:30 pm
	mo,	3 SE)		4 RACE	(2011)	5 DATE C		6 AGE (IN YEARS LAST B		FAR IF UNDER 24 HR
	ge 4		MALE	CAUCA	SIAN	NOV		59	YRS	
	g 100	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE!	XX NEVER MARRIED		OR COUNTY OF DEATH	
	deo		EW YORK		S.A.	WIDOWE			ery County	
	Her III	164	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE! INDUST	
201	0 11 10/		Olney				l Hospital	L OWNER	HOME	IMPROVE.
BALTIMORE, MARYLAND 2120	4 hou	13o S	AL RESIDENCE (IF NURSING HOME TATE 13b. COL	INTY	13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS	? 13e STREET ADDRESS	,	
NA	shoul		ARYLAND MON	TGOMERY	SILVER	SPRING	YES X NO		SPERING PIN	ES COURT
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¥.	complete ond	16n \A	MAX /AS DECEASED EVER IN U.S. A	DAVED ECDCESS	SCHOEN		FRANC			LBERT
4ORI	exec ond ond ond ond		ES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	105-16-		JEFF SCH	ON)	13323 62	DAR ROAD
ITIN	cion cion ers. P			W. II	*		DELL 2CH	ONEK UNI	VERSITY HGT	PROXIMATE INTERVAL
	hysic bope ovol		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	SED BY.	Acute	Myoc	arreleal infa	reteoni	BETW	2 DOLE'S
W. PRESTON ST	ding or ren		14100 MMEDI	ATE CAUSE 10)		-			LO III ES	
210	+ 60 . 2		Conditions, if ony, which	DUE TO, O	r as a consequ	IENCE OF				
& W	the decorrection of the control of t		gave rise to immediate	DUE TO O	R AS A CONSEQU	ENICE OF		Na La Para III.		HED TO
× .	by by ose oth		underlying cause lost	(6)	N AS A CONSLOC	EIVEE OI				
, 20	0 0 2		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TI	ERMINAL DISEASE OR CO	NDITION GIVEN IN PAR	T Ita
ORDS	en sign Then or to bu	ION								COLE YOUR
DIVISION OF VITAL RECORDS, 201	low re	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	VDINGS USED USES OF DEATH?
ALB	The ricion.	RTIF			e to a to a to a		Tal- How Blumy occ	YES NO	YES 🗀	NO 🗌
N N	Z X COLT 8	100	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	1 110110 1	M. MONTH D	AY YEAR	THE HOW INJURY OCC	CURRED (ENTER NATURE OF IN.	URY IN ITEM 18, PART 1 OR PART	21
OZ		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		M. OF INJURY	19	211 LOCATION			
SIO	PHY:	MEC	WHILE IT NOT WHILE IT		REET, FACTORY, OFFICE,	FARM, ETC]	STREET	CITY OR T	OWN COUNTY	STATE
No.	OING por offer of the cost he morked		22a.1 certify that (1) (this has	man assessed at	a deceased from	Ju	ne 17 10 2	st to July	20 10 21	that (1) two) last
	TENE TOOR: OR: OR: OF US		saw the deceased alive o	n Jul	4 20 19	eth r	, 17	ion death accurred on the		,
	R AT hosp RECT sed for pt. o		22b. SIGNATURE	nat! view the bady	after death		DEGREE		22c. D	ATE SIGNED
	the Distriction of the Distriction of the Desire De		1300	ry de	chs	~	D ATTENDING	MEDICAL ST	AFF	7/21/81
	HOSPITAL ned by th FUNERAL sld be deto the Stote of Stote		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	- E DIRECTOR III		
			DANA	y HECHT	, M.D.		10620 GE	ORGIA AVENU	e s wer son	am, our
77	Should with IMPO		URIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION	604412	STATE
500	BP	(BURIAL	JULY 2	2, 81 J	UDEAN	MEM. GARDEN	S OLNEY	MONT.	MD.
	HMH - 16 60M 1/75	24 FL	NERAL DIRECTOR NICKY	COL DRERG	ADDRESSR	OCKVIL	LE, MD. 11/250.	DATE BECD. BY REGISTRA	R 256 REGISTRAR'S SE	NATURE
41.	(VR A 15 (4))		MEMORIAL CHAP	FIS. INC	. 1170 R	OCKVIL	LE PIKE			No elitablem

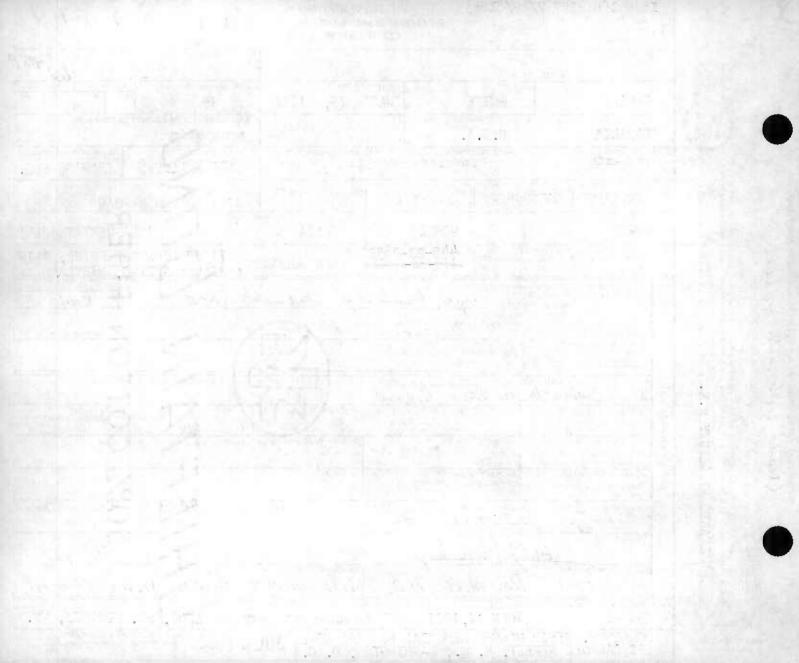
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STATE OF MARYLAND

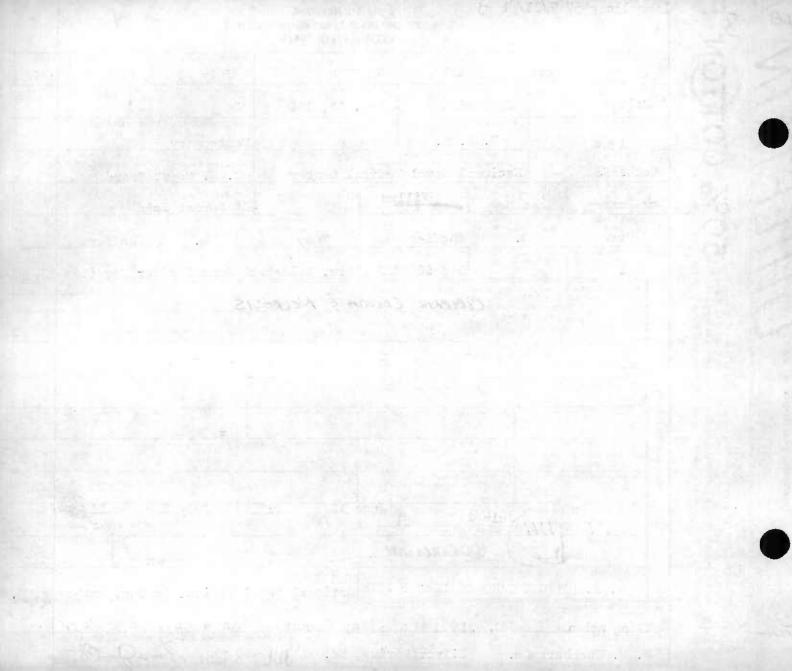
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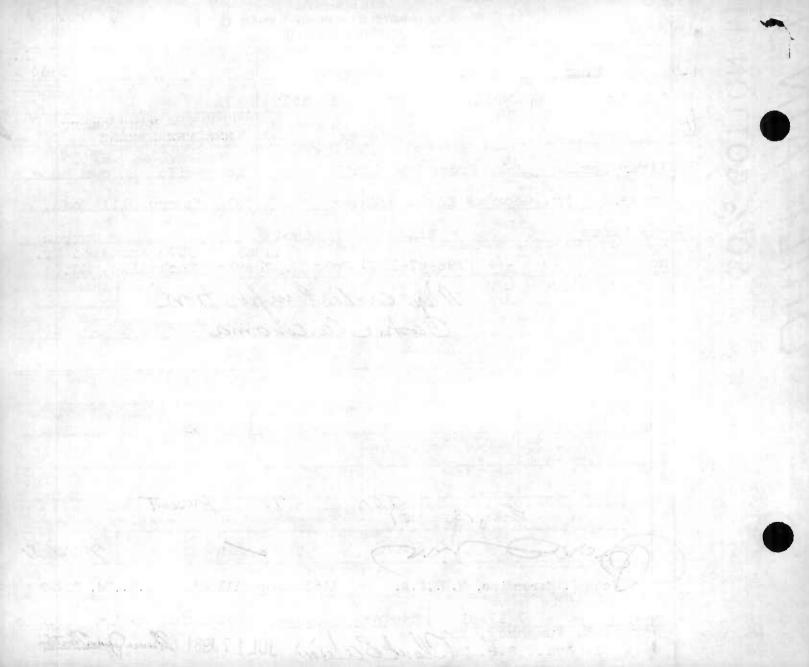
2		Item 16b g557 7, FOR STATE REGISTRAR		AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	19	077
e ∞ €		CEASED NAME FIRST	MIDDLE	l	AST			EAR 26 HOUR 5P
by be		Paul			Sevit		7/17/81	12 M
ge 4 mo	3. SE	FEMALE	4 RACE WHITE	JULY		6. AGE (IN YEARS LAST BIRTI		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
de de h. P. C.		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY OF Montgomery	У	TH MD.
201 ors ofter of the filed with the following the following of the following the foll		HY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUC ENHALL PLANTE T)	ooMosp		SELF EMPL		LVAGE BUS.
AND 21:	13a. S	MARYLAND MON	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE ROCK VILL		AE3 NO	13e. STREET ADDRESS 6121 MONT	ROSE ROAD	
mARYL ompletel		AVRUM	MIDDLE VOGEL		15. MOTHER'S MAIDEN NA/	WE	(UNASCE	ERTAINABLE)
TIMORE be executed on and communication or communication	16a. V	VAS DECEASED EVER IN U.S. AR YNOO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SPETALSPON	3445	17. INFORMANT ANN GOLDBE	RG, SILVER	OCKWOOD D	RIVE, #619
W. PRESTON ST., BALLALLALLALLALLALLALLALLALLALLALLALLALL			DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	NCE OF	tid Bleed cut			APPROXIMATE INTERVAL WEEN ONSET AND DEATH SHR UNKNOWN
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AI RECG	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		200 AUTOPSY?	YES 🗌	NO
DN OF VIT	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINES 21d, INJURY OCCURRED		Y YEAR	21c. HOW INJURY OCCURR			
DIVISION PHING PHING PHING PHING PHING PHING AS the Illhoud Phing	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA		STREET	CITY OR TOW	5 3 W	NTY STATE
ATTEND Spital o CTOR: J I for use		sow the deceased alive on above, (1) (we) did (did no	tol) ottended the deceased from		nd that in (our) apinion (death occurred on the dat		m the causes stated
TAI OR, yy the hogy the hogy the hogy the hogy the performer project Dept New William		226 SIGNATURE Rhs	of Rosenky			MEDICAL STAFF		DATE SIGNED
O HOSPI etoined b TO FUNE should be with the S		ROBERT L.	RUSIENBERG, M.	-	1/3/ UNIVERSI	or BLVD W,	SILun	SPRING, NO.
120 BP		BURIAL, CREMATION, REMOVAL BURIAL	JULY 19, 1981 MC	UNT I				RGES, MO.
DHMH-16 30M 2/80 (VRA 15, 4)	24. FU	DOWALDOM STEIN 232 CARROLL STE	N HEBREW MEMORIAL REET. N. W. WASH	FUNE	RAL HOME 1	RES'D BY REGISTRAR 2	SK REGISTRAR SI	GNATURE



HO	X	Ι.	FOR STATE REGISTRAR		TMENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 REG. NO.	9 0	7 8
	67		CEASED NAME FIRST	WIDDLE	- L	AST	20 DATE OF DEATH MONTE	H DAY YEAR	26 HOUR
	A N		Robert	Nea1	SHA	FFER	July 2	1981	9:57A M
	E (MAIN)	3 SI		4 RACE	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	
	direg		Male	Caucasian		. 14 ^{DAY} 1946 ^R		YRS.	MOOKS MIN.
	th. P	/a E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	de frue	10.0	Iowa ITY OR TOWN OF DEATH	U. S. A.	WIDOWE		Montgomery		MD
21201	by the	В	ethesda	National Naval	Medica		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK U. S. Coast	(ING LIFE) INDUSTRY	OF BUSINESS OR
RYLAND 21	y filled in hould be	Ne Ne	w Jersey Cap	e May	MN20 1	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 408 Forest Roa	ad	
ARYI	d 2 s	14 F		MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	LAS	SI
E, MA	d campl	> 14-	Fred WAS DECEASED EVER IN U.S. AR	O. Shaffer		Ruby	М.	Shaffer	
BALTIMORE	edice exec			E WAR OR DATES)		17. INFORMANT	ADDRESS		
ALTIA.	ers. P			548 66		Mrs. Elizabe	th Anne Shaffe	er See ite	m 13
8	physic ppap novol vent, t			oly one couse per line for (a), (b), on D BY: TE CAUSE (a CEREBRAL		A & NECROS	<	BETWEEN	ONSET AND DEATH
IS NO	ding orbor or rer		4200			TO TOCKO	3/3		
ESTC	a attend move co lation, a		Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE () SUBARA		HEMORRHAGE A	AND LATE VASOS	PASM	
W	by the sse remain cremain other tr		gove rise ta immediate couse (a. stoting the underlying cause last.	DUE TO, OR AS A CONSEQUANTER IO				HST PA	
. 30	signed Then plea to buria	Z N	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO				N GIVEN IN PART 1	0
DIVISION OF VITAL RECORDS	has been the permit ows ony in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDING CAUSES	NGS USED S OF DEATH?
YIIV :	p physicia pertificate in initial Hygie em 18 sha	E E	210. ACCIDENT WAS UNDERLYING		DAY VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE		
Ö	ding ph is certifu buriol-tr Mentol I	18	OR CONTRIBUTING CAUSE OF DEA	1111	19				
Sion	the but will be a sed or I	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	FARM FIC)	21f LOCATION	CITY OR TOWN	COUNTY	STATE
20	y o to a	1	AT WORK AT WORK						
	pritol TOR for us of He	þ	220.1 certify that X (this hospit sow the discosed oliver of obove, (linwe) (did) (did hospit	tol) attended the deceosed from July 2	June		, to	d haur and from the	that (i) (we) lost causes stated
	- U		22b. SIGNATURE) wormers	M	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE	SIGNED
E	eroined by the Flower All Should be defined with the Store WIN THE STORE AND THE STORE		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	J DIRECTOR PHYSICIAN X	JI	
	TO FUNE should be with the		M. J. HIGGIN	S LCDR MC USNR	3 JULY		al Medical Cen	ter Beth	ecda Md
5	5 € # 3 ₹	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c		METERY OR CREMATORY	23d LOCATION	DEL DOCH	2344,114,
Fel	BP		Cremation	Jul. 6, 1981 C	ape M	ay Cremator	y Cape May,	Cape May	, N.J.
DH	MH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNAT	URE
			W. W. Chambers	Co. Silver	Spring	Md.	8 1981 Apan	u family	Chan



STATE OF MARYLAND



to		١,	FOR STATE	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	YGIENE 8	19080
		1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Pe	poge 3		Vid	a E. Sherburn	e	July 4. 198	1 4.45 DM
may	o b	3. SE		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
ge 4	SE MAI		Female	White	2 291803	8 8 Y	RS DATS HOURS MIN
a a	-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	NTY OF DEATH
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01 s after	by the furnithed within		Iver Spring	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		(TYPE OF WORK FOR MOST OF WORK) HOUSEWITE	12b. KIND OF BUSINESS OR
212 hour	d in	USU 13a.	AL RESIDENCE (IF NURSING HOME O		RE ADMISSION)	13e. STREET ADDRESS	
AND 124	filled hould be	7	Maryland.	Montg. Silver	Springes H NO [8505 Spring	vale Rd.
RYLA	t 2 st		THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
MA Med	Sex and and	-	lter M. Pril	.ay	Elizabeth	Chas	
BALTIMORE, MARYLAND 2120' cate be executed within 24 hours	Pages 1	160	VAS DECEASED EVER IN U.S. AF	W. W. 1 577-09	-8399 Ms. Charl	es Carlson	
3ALT	papers papers naval. ent, the		18 CAUSE OF DEATH (Enter o	nly ane cause per line for (a), (b), a	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	a physic an pape emaval event, t	133	PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (a) RESPI	RATORY ARRES	T	
NO &	nding carb , ar r notic		1991	DUE TO, OR AS A CONSEQU	JENCE OF POPL		
resT dea	atten		Conditions, if any, which	((b) PU400	AL REFUSIO	N	
1 W. PRESTON ST.,	d by the ease rem ol, crems or other t		couse (a), stating the underlying cause last	DUE TO, OR ALA CONSEOU	OCARCINONA-		
DIVISION OF VITAL RECORDS, 201	rhen pl ta buri njury, c	NO NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
, N	beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	FYES, WERE FINDINGS USED
AL R	has has	TIF				YES NO	ERTIFYING CAUSES OF DEATH? YES NO NO
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OF SICIA	s certification of the second	N S	OR CONTRIBUTING CAUSE OF DE	All I	19	and the same	
SION PHY	the by and Weed or i	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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Al OR	AL DIRE Jetoche one Depi		22b. Sie WWW 1	5	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	7/4/81
	TO FUNERAL should be deter with the State		MARIL F	PRPRINT) 216, M.D	- 220 ADDRESS 650	RG19 AUE. SI	van Spring, Ms
2	1 5/3 E	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY	23d. LOCATION CITY OR TOWN	- COUNTY STATE
Jeh	SP	0	Cremation.	July 6, 198	Ft. Lincoln	Riggs Rd	P. Geo. Md.
	- 16 50M 7/77	W	NEWA DIRECTOR	Takoma Fune	125- 0	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
(VI	RA 15 (4))	1 764	relect Heller.	254 Carroll		1111 1 3 1981	ham O The

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		FOR			DEPA	STAT	E OF MARYLAND EALTH AND MENTAL HY	GIENE 8 2/5		Jery	3 2
	1.	REGISTRAR			DEIT	CERTIF	ICATE OF DEATH	Mr. O	NO.		
		CEASED NAME	FIRST	М	IDDLE		AST	20 DATE OF DEATH	MONIH	DAY YEAR	2b HOUR
de of			ELWY	N		SI	EGEL	July 3	3, 198	1	1:42a
1	3. SE	X		4 RACE	1	5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
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170		RTHPLACE ISTATE OR FO	DREIGN	16. CITIZEN OF V	VHAT COUNT	RY? 8	XXNEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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and all a				gomery	Poto		13d INSIDE CITY LIMITS?	10.52		er Te	rrace
2 sh		ATHER'S NAME					15 MOTHER'S MAIDEN N	AME			
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		VAS DECEASED EVER II				SECURITY NO.	17 INFORMANT	ADD	RESS Pot	omac,	
e medico	· ·	YES. NO OR UNKNOWN) Yes	WW	E WAR OR DATES)	110-18	3-4584	Janet Sieg	gel; 10528	Tyle	r Teri	r.
oper ovol. nt, th		18 CAUSE OF DEATH PART I. DEATH WA	Enter onl				. 1 . 1 . 7 . 6		A		MATE INTERVAL ONSET AND DEATH
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ation		Conditions, if ony,		(b)	Corona	ary Art	ery Diseas	e			
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burial burial	7	PART 2 OTHER SIGN	IFICANTO	CONDITIONS CO	ntributing	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIV	EN IN PART 10	0
prior to	CERTIFICATION	19a DATE OF OPERATI	ION	19b. CONDI	ION FOR WH	TICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
per	IFIC.							YES TI NO	IN CERTIF	YING CAUSES	OF DEATH?
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tol #		OR CONTRIBUTING C		IN .		DAY YEAR					
Men he	MEDICAL	21d INJURY OCCURRE		P.A.		19	21f LOCATION				
rked	ME	WHILE NOT WHILE	LE 🗆		ET, FACTORY, OFF	FICE, FARM, ETC)	STREET	CITY OR	TOWN	COUNTY	STATE
reality ma		220.1 certify that (1)				QT	27 19 81		,		that (I) XX last
of 15		sow the deceosed above, (1) (we) (di	d olive on. d)/discort	t) view the body	after deoth.	9	nd that in (my) WW opinion	deoth occurred on the	dote and hou	r and from the	couses stated
Dept If Hen		226. SIGNATURE	2010)			DEGREE			22c. DATE	SIGNED
old be detoch		1000	nce	eeu	7		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	SICIAN [7-3-	-81
STAP	1	22d. PHYSICIAN'S NA	ME (TYPE OF	RPRINT)			22e ADDRESS				
with the Stote		JOEL A	. RE	ISKIN,	M.D.		809 Veirs	Mill Rd.,	Rock	ville	, Md.
5 5 ≤	230 8	BURIAL, CREMATION, R	EMOVAL	23b DATE		23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial		7-5-	-81	King D	avid MemuG	dn Fall	\$ Chu	ch.	
OM 1/81		UNERAL DIRECTOR			ADDRE	Rocky	ille,Md.	TE RECO BY TO STRA	W CREATE ST	of South	after the same of
5, 4)	Da	nzansky-Gol	dber	chape1	s 117	O Rochy	ille Pike	•			

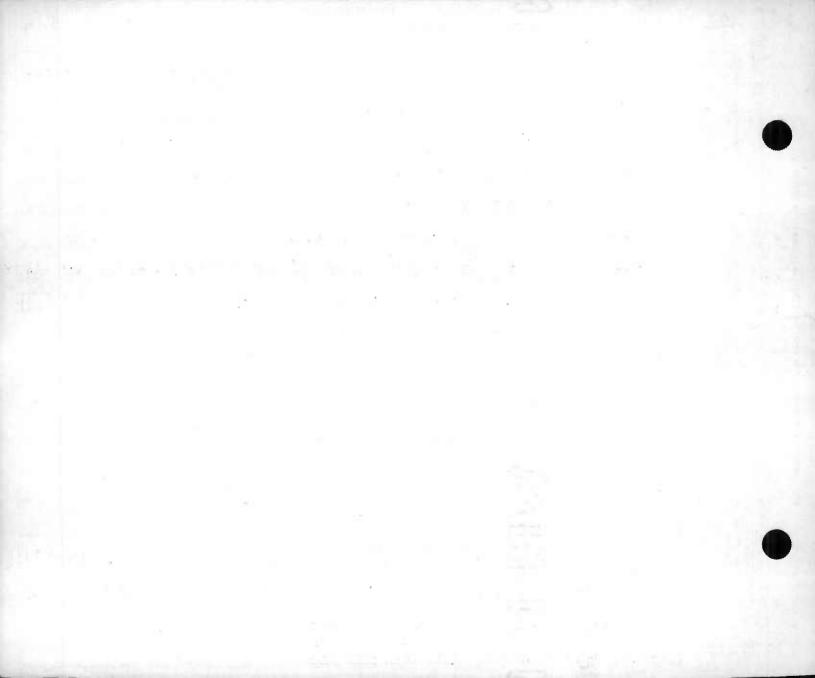
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NIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	PHYSI
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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certific
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		CEASED NAME FIRST	WIODIE	LAST	REG. NO.	YEAR 26 HOUR
y be		HAROLD OREGON S	IEGERT		JULY 3 1981	M
4 moy	J. SE	X	4 RACE	5. DATE OF BIRTH	MOI	UNDER I YEAR IF UNDER 24 HRS
e ()	MAI	N. P. C.	CAU	AUG 6 1922	58 YRS	
	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	MONTGOMERY	FDEATH
by the filed with	10 C	BETHESDA MD.		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPEREAL FOR TATE WAGE	126 KIND OF BUSINESS OR
filled in ould be f	USU 13a.	STATE 136 COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 130. CITY OR TOWNE ANNAPO	/N 13d INSIDE CITY LIMITS?	136. SIREET ADDRESS 104 MCKENDREE A	VE
Somine State	1	ATHER'S NAME FIRST VILLIAM O. SIEG	MIDDLE LAST	IS MOTHER'S MAIDEN NAME KATHRYN T.	MIDDLE	LAST
nd con	16a \	VAS DECEASED EVER IN U.S. AR			ADDRESS	
S. Pogo		YES AF. 42-	69 213 12	8031 MRS. KATHL	EEN M. SIEGERT	
oaper oval. nt, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), an	dicul		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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move motion, traum		Conditions, if ony, which gove rise to immediate	(b) MYOCARDIAL		LICATIONS	
the cree		cause (a), stating the underlying cause lost	CONCESTIVE U	ence of IEART FAILURE BILAT	EDAL DRONGHO DATES	
hen pleos to bursol, ijury, or o	2	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM		
prior to	CERTIFICATION	198 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS REFEORMED	200 AUTOPSY2 206 IF YES V	VERE FINDINGS USED
2000	TIFIC	12 June 1981	Severe ather vascular dis	OPERATION WAS REFFORMED OSCIETOTIC COTONS CASE	YES YES YES	G CAUSES OF DEATH?
buriol-tronsit p buriol-tronsit p Mental Hygien or Item 18 show		710. ACCIDENT WAS UNDERLYING		AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TE PART	
uriol-frontental Hy Item 18:	CAL	OR CONTRIBUTING CAUSE OF OE.		19		
the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
- + 5 6		AT WORK		10 JUN 81 10 81	to 3 JULY 10	81 that (I) (we) last
		220.1 certify that (I) (this hasp	ital) attended the deceased from			
OR: After r use as Health is mort		22a. I certify that (I) (this hasping the deceased alive on the deceased alive on the deceased of the deceased		91	death occurred on the date and hour o	, 11101 (1) (410) 1031
IRECTOR: Afriched for use as ept. of Health			2 TITT V	91	. 10	, 11101 (1) (410) 1031
DIRECTOR: After boched for use as bocht, of Health If frem 21 is mort		sow the deceased alive on above, (1) (we) (did) (did no		81 , and that in (my) (our) opinion (death occurred on the date and hour o	nd from the couses stated 22c. DATE SIGNED
DIRECTOR: After toched for use as Dept. of Health If Item 21 is morl		sow the deceased alive on above, (1) (we) (did) (did no	3 JULY 19_	DEGREE ATTENDING	death occurred on the date and hour o	nd from the couses stated
UNERAL DIRECTOR: Afri d be detoched for use as he Stote Dept. of Health RTANT: If Item 21 is mort		sow the deceosed olive on obove, (I) (we) (did) (did no 22) A FINATURE 228-PHYSICIAN'S NAME (TYPE C) W.L. SHANKEL	3 JULY 19_ It view the body ofter death CR PRINT) LCDR MC USN	DEGREE ATTENDING PHYSICIAN	death occurred on the date and hour o	171. DANE SIGNED
O COURENT DIRECTORS After should be detoched for use or with the Store Dept. of Health IMPORTANT: If Item 21 is month.	23a E	sow the deceased alive an above, (I) (we) (did) (did no 27% PHYSICIAN'S NAME (TYPE C	3 JULY 19 DE PRINT 19 LCDR MC USN 23b DATE 23c 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	171. DANE SIGNED
TO FUNERAL DIRECTOR: After should be detoched for use as with the State Dept. of Health IMPORTANT: If them 21 is most		sow the deceased alive on above, (I) (we) (did) (did no 27% FIGNATURE 778 PHYSICIAN'S NAME (TYPE C W.L. SHANKEL UURIAL, CREMATION, REMOVAL SPECIFY BASE CT	3 JULY 19_ It view the body ofter death CR PRINT) LCDR MC USN	DEGREE ATTENDING PHYSICIAN 272 ADDRESS NATIONAL N. NAME OF CEMETERY OR CREMATORY A. Many Cem.	MEDICAL STAFF DIRECTOR PHYSICIAN AVAL MEDICAL CENTE	171. DANE SIGNED
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			CEASED NAME	FIRST		MIDDLE		AŠT	2R DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
96 3 60 4		11	V:	ictor			Sill	pert	July 4,	1981		3:30 am
0 0		3 SE)	(4	RACE	11-6	5. DATE C		& AGE IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
WE'M			Male		Whi	te	Jani	lary 11, 1923	58	YRS	NIHS DATS	HOURS MIN.
13114	17	7e. BII	RTHPLACE (STATE OR FOR	REIGN 7		WHAT COUNTRY?	# MARRIE	NEVER MARRIED	1 BALTIMORE CITY C	R COUNTY O	FDEATH	
Bogon 5			Russia		U.S.A.		WIDOWE	D DNORCED	Montgomer		ty	MD
and and	Ó	В	ethesda		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 6208 Robinwood Road			12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) C.P.A.				
	5	13a S	AL RESIDENCE IN NURSIN TATE Maryland	136 COUNT	other institution, by gomery	GIVE RESIDENCE BEFORE 130. CITY OR TOW Bethes	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	6208 R	obinwo	od Road
- Andrewine	20	14 FA	THER'S NAME FIRST Nathan	M	IDDLE	Silbe	rt	15. MOTHER'S MAIDEN NAME FIRST Helen	ME		Emd	
S Too	1		AS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
пеdico	/	IY	Yes		II	578-22-5	242	Edith Silber	t; 6208 Rob	inwood	Rd; B	ethesda
lation, or removal fraumatic event, t		No	18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 101. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.									
ta bunal, crem pjury, or ather		NC	couse (a), stating underlying couse	lost.	(c)			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	
ene prior to buriol ows ony injury, or	2	TIFICATION	couse (a), stating underlying couse	lost.	ONDITIONS CO	ONTRIBUTING TO !	EATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NOTE:	20b. IF YES, V	VERE FINDIN	IGS USED
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•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWAL TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATISMORE, MARYLAND, 212		226. I certify death resulte ACTUAL SIGNATURE		LINN	cribed above, held an	Autap:	, Hamici		. Inquiry Undetermined in	nanner [and in my a		8/4/	81
	TO MED EXECUTI PAGE 4 TO FUN AFTER D BALTIMA				ormez R. G	uard, M.D.				n Stree	t,Ba		D 2120	01	
5600	DHMH-17 (VR A15 ME (5))	24. FU	Buri DNERAL DIRECT NAME DZ ansky	TOR	ADDRESS	981 Judean Rockville, 1170 Rock	Md.	2	So. DATE REC	Olney D. BY REGISTR 1 1981	, Mor	ntgomes REGISTRY'S	ry, Ma	ryl:	
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A. R. D. L. Almay Manne . Wiles site were the company of the Breignet green that week and and and the breignes that I there are the contract of the contrac

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE: STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Eugene N. Snyder DEATH MATED 7.10.19 81 1 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED DEAD 7.10. 19 812:22 BM Ta BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. WIDOWED DIVORCED Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Bethesda Suburban Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 12805 ATHERTON 1136 COUNTY 13d. INSIDE CITY LIMITS? WHEATON MONTGOMERY MD NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST AND SNYDER UNKNOWN HOWARD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SILVER SPRING. M (YES, NO, OR UNKNOWN) 578-07-7687 UNIVERSITY BLUD, WEST MARY BUTTER 18 CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING POR HOUR AM. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 1981 7-10 PRIOR 21e PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC.) STATE AT WORK AT WORK 220. I certify that I taok charge of the remains described above, held an Inspection X and in my opinion Suicide X death resulted fram: Natural causes Accident Homicide Undetermined manner EXECUTE THE C PAGE 4 SHOU TO FUNERAL DAFTER DEATH, EXAMINER'S N (TYPE OR PRINT **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY ALEXANDRIA STATE CREMATION CREMATARY 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** J. COLLINS (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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FUNERAL

MPORTANT:

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 20 DATE OF DEATH MONTH 2h HOUR Danie1 SPITNALE 1981 July 20 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 20 Oct. 1914 66 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

Male Caucasian To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? Ohio USA WIDOWED O CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION National Naval Medical Center Bethesda SUAL RESIDENCE (IF NURSING JOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY

4 RACE

FIRST

Paul

Maryland 13c. CITY OR TOWN Edgewater Anne Arundel YES [] 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

Samue 1 Spitnale 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATEST

281 18 7794 1956-1972

Clara 17 INFORMANT Jacqueline Ann Spitnale

DIVORCED

MIDDLE

Montgomery

U. S. Army

LTYPE OF WORK FOR MOST OF WORKING HEE!

130. STREET ADDRESS 3953 Germantown Road

12ª USUAL OCCUPATION

Raabe

See item 13

INDUSTRY

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) CORONARY ARTERY DISEASE & PULMONARY DUE TO, OR AS A CONSEQUENCE OF EMBOLIS Canditions, if any, which gove rise to immediate couse (a), stating the

DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10

190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED

NOT WHILE

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

HE SITHER NOTHY MEDICAL EXAMINERS

21d IN JURY OCCURRED

215 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

P.M 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC)

19 81

211 LOCATION

30

22ª ADDRESS

DEGREE

CITY OR TOWN

MEDICAL

YES TX

20n AUTOPSY?

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)

July 20

DIRECTOR PHYSICIAN

COUNTY

221 DATE SIGNED

July 21 1981

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

saw the deceased alive on July 20 abave, (fi (we) (did) (did not view the bady after death. SIGNATURE

WHILE

FOR

- STATE

TYPE OF PRINTS

3. SEX

REGISTRAR DECEASED NAME

> 27d PHYSICIAN'S NAME CLYPE OF PRI Mark/D, Browning LCDR/MC/USN

220.1 certify that (1) (this hospital) attended the deceased from

230 BURIAL, CREMATION, REMOVAL 1236, DATE

23c. NAME OF CEMETERY OR CREMATORY

Arlington National

June

23d LOCATION

Arlington Arlington

National Naval Medical Center, Bethesda, Md.

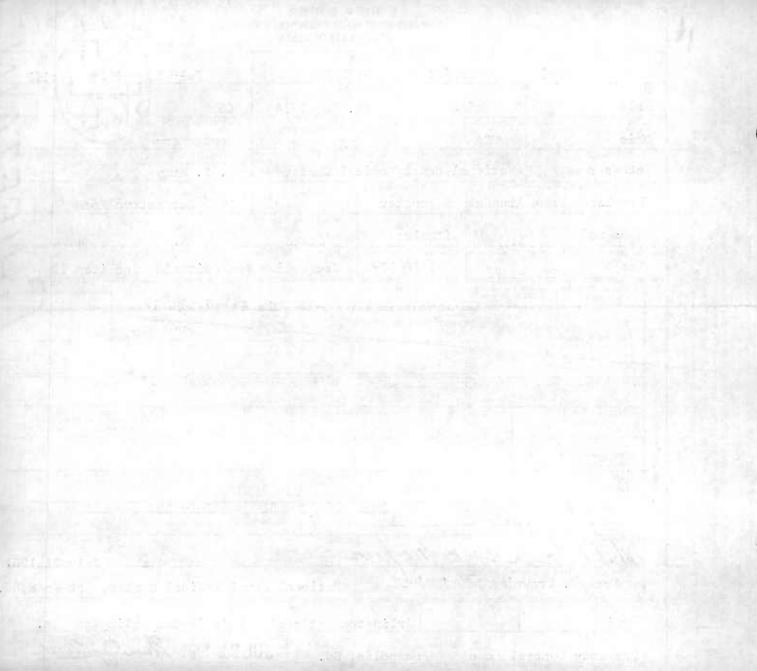
Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

CERTIFICATION

WEDICAL

Hardesty Funeral Home

Annapolis, Md.

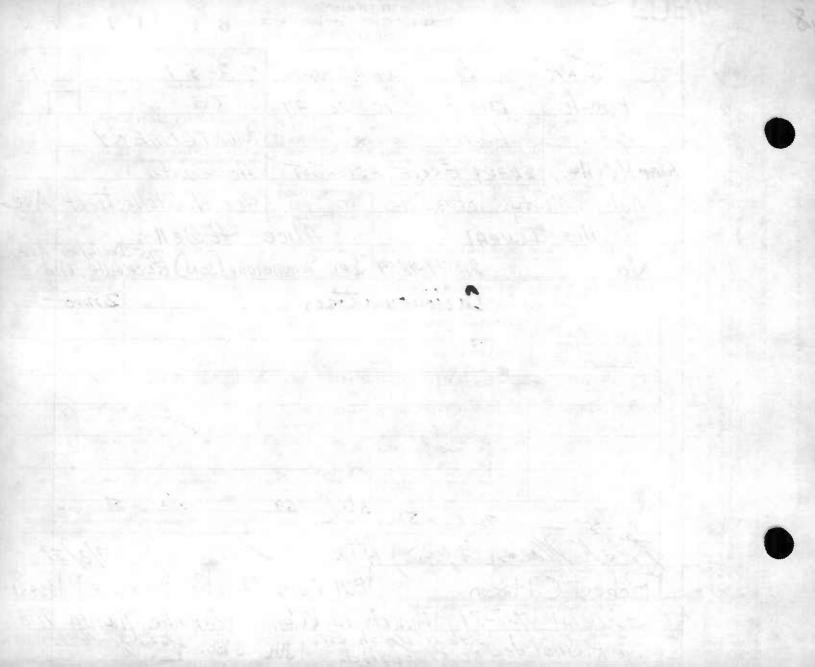


3		FOR			E OF MARYLAND	SIENE Q	1919	0					
1		1 - STATE REGISTRAR Ruth	N. Steinen		FICATE OF DEATH	111111111111111111111111111111111111111		0					
		DECEASED NAME FIRST	MIDDLE		LAST	REG. N		HOUR					
noy be poge 3		TYPE OR PRINT) RUTH	N. 37	EINEM		7.115	1	808					
e Po	3	SEX	4 RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		NDER 24 HR					
ector after		Female	White	Aug		82	YRS MONTHS DATS HOL	MIN.					
	7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT			9 BALTIMORE CITY C	OR COUNTY OF DEATH						
Man &	104	Ohio	USA	WIDOW	- V	MIONTO	60 MERLY	MD.					
人即身	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12h KIND OF BUS	SINESS OR					
21201 hours of fin b	10	BEHNESDA	Suburi	ban to	50	Homemak	er At Hom	е					
221: 1 hos d be at be	25	SUAL RESIDENCE (IF NURSING HOME OF		IDENCE BEFORE ADMISSION) TY OR TOWN	113d INSIDE CITY LIMITS?	13e STREET ADDRESS							
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with with d 2 s	60	FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME	LAST						
man in the completion of the c		Joseph		eviller	Marie		Ochs						
IMORE e exect n ond o	1 18	WAS DECEASED EVER IN U.S. AR	(E WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT	ADDRI							
TIN DO DE STATE		No -		5-20-2656	Robert Patch	n, Same addi	ress as # 13.						
, BAL icote hysica popel ovol:		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for D BY	(0) (b), ond (c)	~ A. 1 1.	Cuala	APPROXIMATE BETWEEN ONSET						
4 ST.		IMMEDIAT	36 h	0013									
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	24					YES NO	IN CERTIFYING CAUSES OF D	DEATH?					
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DIVISI DING P or offer the se os the olth and morked		AT WORK											
Z - a 5 d s		220. I certify that this hospi sow the deceased alive on			7/13,1987	, to	ote and hour and from the cause	(l) (we) list					
A PT OSP OSP AT		obove, (I) (we) (did) (did no	t) view the body ofter de	oth.		death occurred on the de							
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TO HOSPITAL etoined by the TO FUNERAL should be detained the Store with the Store		Enerry 11.	SILVERBE	m last	5530 W	SCOREIN	NVB.						
TO HI retoin	23	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	123d LOCATION	B, MY)						
II BD 400	0 "	(SPECIFY)	7/16/81			CITY OR TOWN	COUNTY	STATE					
DHMH - 16 50M 1/81	24	FUNERAL DIRECTOR JOSEN	n Gawler's		Hill Cremator		nd, Maryland						
(VRA 15, 4)		5130 Wisconsin Av			0.0565	17 1981	hand One off -						
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- 4	al dir	510	7e. 8	RTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
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IZ	within tely fill should	69	IA E	THER'S NAME	Ty. KOCKUI	YES NO	1908 N. STU	Nestreet Ave
MARY	recuted w	\$50			SREAL LAST	77/10	re fowell	LAST
MORE	A 73	the me		VAS DECEASED EVER IN U.S. ARMI VES, NO OFUNKNOWN) (IF YES, GIVE W		RITY NO. 17 INFORMANT		5 Douglas Ave
TIW	- 10			NO	213-14-1	839 JOHN JUMI	merour (SON) KO	ockville, Ind.
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3	re c	or of		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
201		injury,			(c)			
	a se to	ini yr	Z	PART 2 OTHER SIGNIFICANT CO	NOTITIONS CONTRIBUTING TO L	EATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITION (SIVEN IN PART 1(0)
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Q.	HYSICI physic s certif al-tran ental b	or Item	IV:	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	HOUR A.M. MONTH DA	Y YEAR		
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DIVISION OF	DING ttendir After is the b	marked	¥	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, F.	RM, ETC.1 STREET	CITY OR TOWN	COUNTY STATE
٥	Ne Res	<u>w</u>		220.1 certify that (1) (this haspital) attended the deceased from_	3/1/ 196	9 10 7/3/	19 1, that th (we) last
	PAT STATE	m 21		saw the deceased alive an_ above, the (we) (did) (did not)	yew the body ofter death	, and that in (my)-(aur) apin	ion death accurred on the date and h	our and from the causes stated
4	DIRI Ped f	If Ite		22h SIGNATURE	/ Committee out of the cools.	DEGREE		221. DATE SIGNED
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tu	DHMH-16 2		()	JNERAL DIRECTOR	1 34 Labores 1	WASh. ST, 130.1	DATE REC'D. BY REGISTE ARE IN REC	STRANS SIGNACUTE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAN REG. NO. DECEASED NAME 2a DATE OF 2b HOUR DR PRINTS SUMNER HOWARD CATLIN 4 RACE SEX DATE OF BIRTH 6. AGE (IN IL IF UNDER 1 YEAR Male White Sept. 27 1904 O BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montana U.S. A. Montgomery WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Suburban Hospital Meteorologist(Ret) U.S. Gov't. USUAL RESIDENCE (IF NUR 130 STATE) . C. OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION 134519 Cathedral Ave., N.W. 13d INSIDE CITY LIMITS? Washington YES [NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDGLE MIDDLE Charles Martin Sumner Sarah Catlin 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT Marlboro, Md. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-36-8463 Timothy, H. Sumner 13203 Vandine St. Upper APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c)
PART I. DEATH WAS CAUSED BY: YOCARPIAL IMMEDIATE CAUSE (a) 6 MONTHS Canditions, if any, which MYOGARDIA (b)CHRONIC gave rise to immediate cause tal, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Nowa 19s. DATE OF OPERATION 19L CONDITION FOR WHICH OPERATION WAS PERFORMED The ALITCIPSY? Mill IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO FTB ACCIDENT WAS INCRESTED !" 216 TIME OF INJURY THE HOW INJURY OCCURRED. LEWISHOWS OF COURSE IN THE 18, FAST I GREAT D HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [] CAUSE OF DEATH LETTHER MOTEST HEDICAL EXAMPLES THE INJURY OCCURRED 21¢ PLACE OF INJURY TH LOCATION all nature, steeps, excitoes, correct vision, still a CITY OF HOWN COUNTY ALMON CO MOLANICE C 27n.1 certify that (I) (thin hospital) attended the deceased from ed that in (my) (our) opinion death agry red on the date and hour and from the course stated obove, (1) (we) (slid) (did not) view the back offer-a 77% SIGNATURE DEGREE 221. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 27*. ADDRESS 8218 Leo I. Donovan, M.D. Wisc. Ave. Beth. Md. 23e BURTAL CREMATION, REMOVAL 73b DATE 73: NAME OF CEMETERY OR CREMATORY THE LOCATION Washington D.C.

125, DIE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

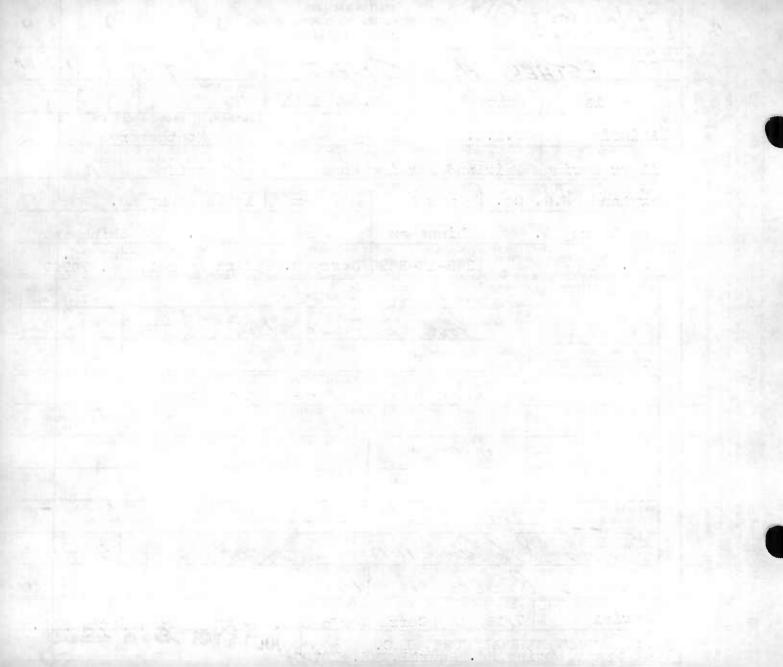
126, DIE REC'D. BY REGISTRAR'S SIGNATURE STATE Burial Rock Creek Cemetery 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. DHMH - 16 50M 1/81 (VRA 15. 4) 5130 Wisc. Ave., N.W. Wash. D.C.

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₹ E-XOE	14. FA	THER'S NAME FRST Edward		aul		bney	15 MOTHER'S MAIDE FIRST Lorette	MIDDLE		Salmon	
ST., BALTIMORE, OURS AFTER DEA' 18 GIVE RAGES O' WITH FORM PA' MIT, PORES I ANNI. RES I ANNI. RE, DIVISION QE'VE.	16a. V (Y	VAS DECEASED EVER ES. NO. OR UNKNOWN) NO	IN U.S. ARME		322-16-		17 INFORMANT Harry A.	Swagart 3201		lumbia, pg.Rd.	S.C.
L RECORDS, 201 W. PRESTON ST., BALTIMA ULD BE EXECUTED WITHIN 24 HOURS AFTER "FENDING" IN PENCIL IN ITEM 18. GIVE PA F. MEDIOLG. EXAMILER ALONG WITH FOR ED AS A BURIAL. TRANSIT PERMIT. PAGES I HEALTH AND MENTAL HYGIENE, DIVISION AL, CREMATION, OR REMOVAL.	NO	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple injuries—severe Due To, or as a consequence of Conditions, if ony, which gove rise to immediate couse (o) stating the under-lying cause last. Due To, or as a consequence of (b) Trauma from fall Due To, or as a consequence of (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									TE INTERVAL
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DHMH - 17 (VR A15 ME (5)) 15M 2780	Z4. F	UNERAL DIRECTOR NAME 5130 Wi	Joseph sc. Ave	Gawler S	Sons,	Inc. .C.	250. DA 6	LI 7 1981	Prance (Sec.	

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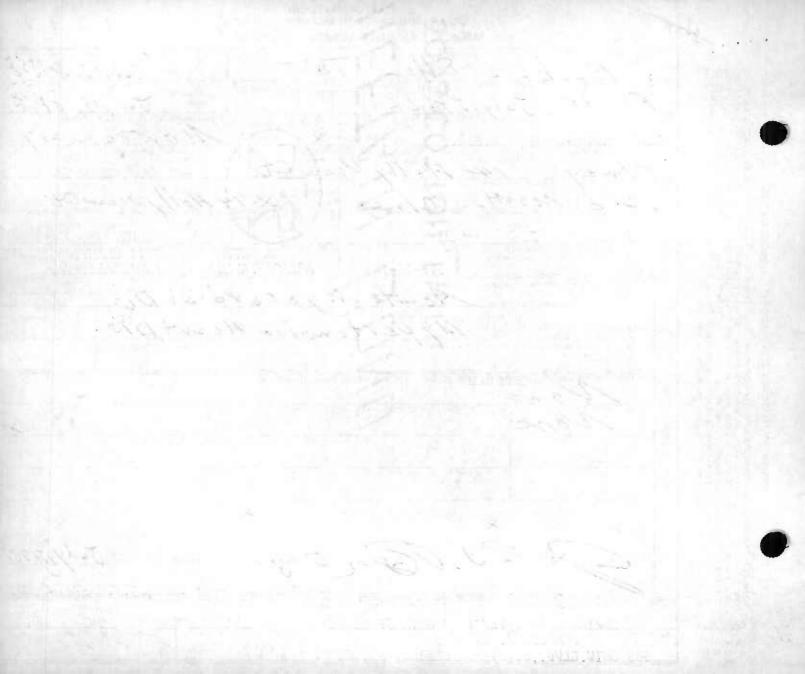
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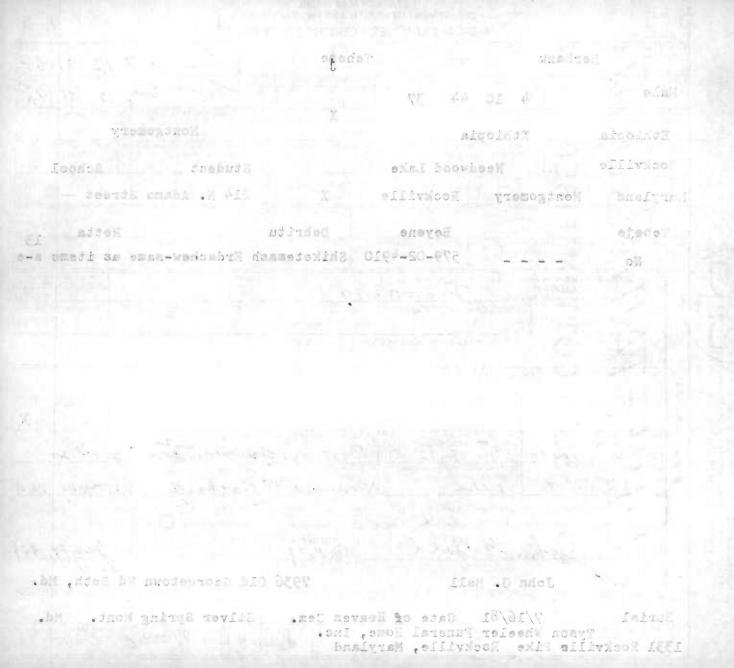
DEPARTMENT OF HEALTH AND MENTAL HYGIEND STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN . (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
I W. PRESTON STREET, DEATH MATED DATE OF BIRTH SEX AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR FOREIGN COUNTRYS NEVER MARRIED WITH FORM PM 3. RETAIN PAGE 5 FO IT. PAGES I AND 2 SHOULD BE FILED, WITH DIVISION OF WITH RECORDS, 201 W. PR WEST VIRGINIA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRESIDENT RECORDING CO USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE COUNTY 13c. CITY OR TOWN 13e STREET ADDR 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FHRST MIDDLE LAST JAMES MCLEAN BLOUNT MAY 17. INFORMAN DAUGHTER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. CHANTICLEER AVE (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 577-18-1093 TAYLOR ANNANDALE. VA. ORD "PENDING" IN PENCIL IN ITEM 18. G CHIEF MEDICAL EXAMINER ALONG WIT BE USED AS A BURIAL - TRANSIT PERMIT. PA TI OF HEALTH AND MENTAL HYGIENE, DIV JURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION E DEPARTMENT OF HE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO DE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH CATE, WRITING TI P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY EAT HOME 21 LOCATION EXECUIT THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 21201 STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my opinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER ROGERS SPRING MD 1919 SEMINARY ROAD STIVER TYPE OR PRINT ADDRESS. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE MD MONT GATE OF HEAVEN STLVER BURTA 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h, REGISTRAR'S SIGNATURE FRANCIS J. COLLINS **DHMH-17** (VR A15 ME (5)) 500 UNIV BLVD. W. SILVER SPRING.

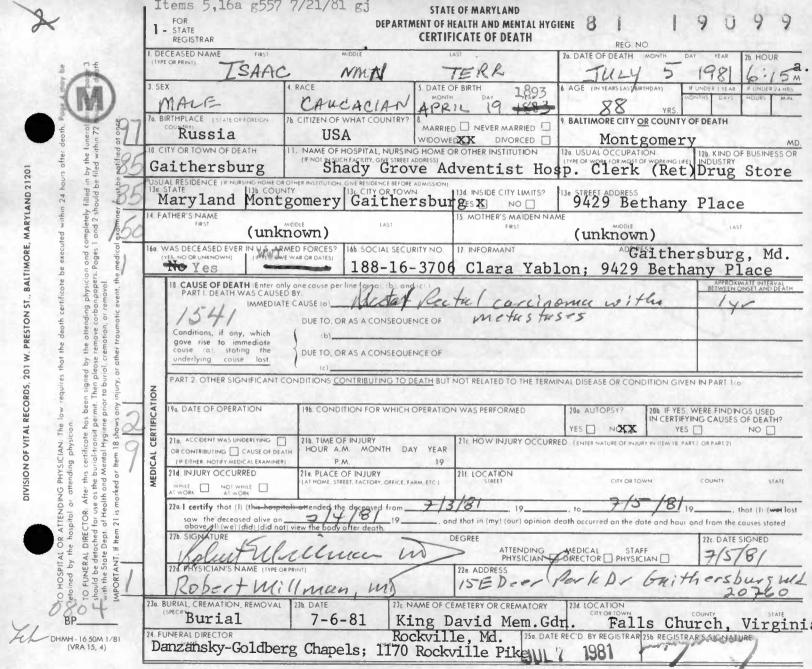
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STATE OF MARYLAND



1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH											9					
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160	Te	ER'S NAME FIRST De je DECEASED EV JO, OR UNKNOWN) NO	ER IN U.S. AR/			16b. SOC	yene CIAL SECURIT		De 17. INFOR		u	Erdac	ADDRESS		Retta		7
7		gave rise	if any, which to immediate ting the <u>under-</u> ast.	טם	(b) E TO, OR	AS A CON	ISEQUENCE	OF OF	E OR CONDITIO	ON GIVEN IN P	ART 1 (a).						
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jo.	BUR (SPEC			3b. DATE		23c. N	NAME OF CE			ORY	23d. LC	OCATION OR TOWN		cou	INTY	STAT	TE.
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	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH, V. BALTIMORE, MA	23a B	URIAL, CREMATION,	REMOVAL 122	b. DATE Jul		OF CEMETERY O	D C DEMATORY	23d. LOCATIO	N			
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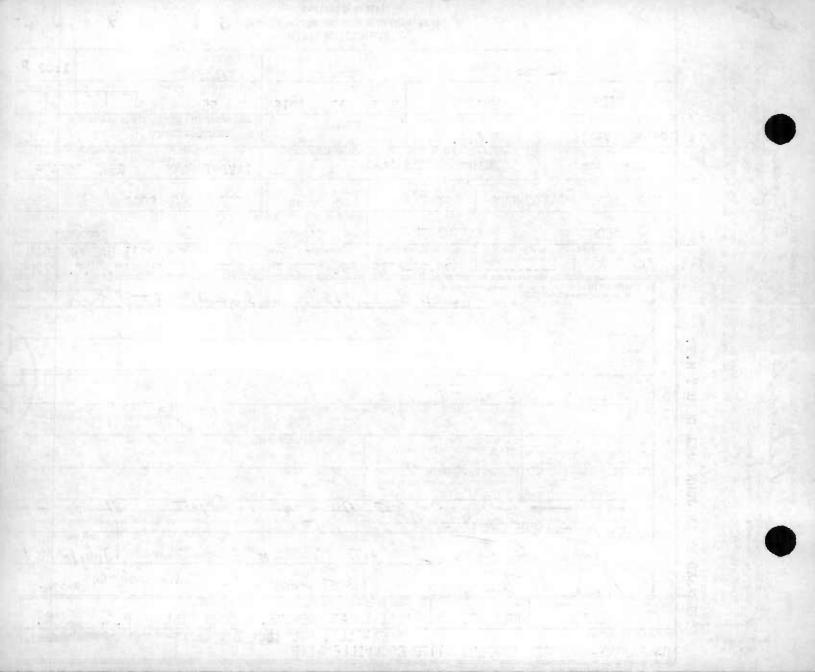
STATE OF MARYLAND

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MR	,	1-	STATE			R'S CERTIFICATE		9 1 0 1
1		1 05	REGISTRAR CEASED NAME FIRST			LAST	REG. NO.	
Date:			E OR PRINT)				20. DATE KNOWN OF ESTI-	MONTH DAY YEAR TO HOUR
•	SEE SEE	1 000	COL			TITUS	DEATH MATED .	JULY 18,0 NA
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	美術語を	10 C	Ohio	U.S.A.	ALLIBERAL HOUSE	WIDOWED DIVOR	6/ 0/	TWO 126 KIND OF BUSINESS
	AY IS			(IF NOT IN SUCH FACILITY, G	TVE STREET ADDRESS)	- 1 1	120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	OR INDUSTRY
	-04 m (D)	SI	LVER SPRING	HOLY CROS		TAL	Repairman	C&P Tel. Co.
1201	IF ANY DE 2. AND 3 T S. AND 3 T S. AND 3 T S. RETAIN S. SHOULD B. RECORDS	13a S	TATE 1136 CO		LVER SP		F28EFFPEACK S	T. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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m, ≤	DEATH PM		Alva		Titus	Dovie		Walker
NO NO	TER DE FORM FORM ON OTA	16a. \	VAS DECEASED EVER IN U.S., ES, NO, OR UNKNOWN) (IF YES, C	ARMED FORCES? 16b.	SOCIAL SECURITY	NO. 17. INFORMANT	(wife) ADDRESS	
TI.	SGHZA		no		8-14-369	98 Deloris	L. Titus-(same	e as 13e)
80			18 CAUSE OF DEATH (Enter	anly ane cause per line far (a)	, (b), and (c).)	1_	1"	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST.	124 HO ITEM 1 ALONG PERMII GIENE,		PART I DEATH WAS CAU	NATE CAUSE (a)	Eaul	I a my	OCTAGIST	Did
PRESTON	ファベトン る		4271	DUE TO, OR AS A	CONSEQUENCE O			
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3	7742711		cause (a) stating the <u>und</u> lying cause last.	DUE TO, OR AS A C	ONSEQUENCE O			
301	CECUTED 3" IN PER AL EXAM BURIAL:T			(c)	TO Owner			
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REC	- 4 2 3 4 4	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION F	OR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
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OF VIT		ER	210 EXTERNAL CAUSE WAS	216 TIME OF INJUR		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
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DIVISION	CERTIFING THE DED TO DED TO DEPART DEPART	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJU	JRY (AT HOME,	21f. LOCATION		
5		×	WHILE NOT WHILE	STREET, FACTORY, FAR	RM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	R: THIS TE, WRI DRWARE E: PAGE STATE	25	220 I certify that I took ch	arge of the remains described	ahaye held on	Autapsy , Inspection	on logury . and in	n my apinion
	EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE S ARYLAND, 2			atural causes Accide			Undetermined manner ,	Tiny opinion
	EXAM CERTIF DUE B DIREC WITH					TITLE (SPECIFY)	Oligoroumines manner	
	MAI V		ACTUAL SIGNATURE	20110		MD 12a (3)	MEDICAL EXAMINER	DATE 1415.19 A
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	MEDICA CUTE TH SE 4 SH FUNERA FUNERA ER DEAT		(TYPE OR PRINT) J	ohn S. Roge:	rs, DME	ADDRESS_Silv	ver Spring, Man	ryland
00	JO MEDICAL E EXECUTE THE C PAGE 4 SHOUT FO FUNERAL D AFTER DEATH, BATTIMORE, MA	23a.B	URIAL, CREMATION, REMOVA			ETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
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4	DHMH - 17		INFRAL DIRECTOR		nc?.		REC'D. BY REGISTRAR 256. REGIST	
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7.9		ASED NAME FIRE	ST .	WIDDLE	ı	AST		2a. DATE OF DEAT		DAY YEAR	7b HOUR	
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Pog pog	3. SEX		4 RACE		5 DATE C			6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNIOER 24 HRS	
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AND 21	M/F	RYLAND MÔ	NTGOMERY	13c CITY OR TO BETHE	OWN	13d. INSIDE C	NO 🗌	6627 RAI	ONOR RO	AD		
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AM John John John John John John John John		JACOB		TURNE	R	S	ARAH			ROTI	HMAN	
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MI JOS SA	110	NO		578-2	4-4772	DR. S	TEPHEN	TURNER	DURI	HAM. N.	C. 27705	
Sacion person		8 CAUSE OF DEATH (En	ter only one cause per	r line far (a), (b).	and (c).)	. ,				APPROX BETWEEN	MATE INTERVAL	
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or rotic		1840	DUE TO, O	R AS A CONSE	OUENCE OF	0	/	0		/		
dear dear ion,		Conditions, if any, whi	ch (1b)									
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		underlying cause la	st(c)	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	002.102.01							
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Low r. lo	CAT	DATE OF OPERATION	DRMED	20a AUTOPSY?	S, WERE FINDI	NGS USED						
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DIVISION OF VITA ING PHYSICIAN: The r attending physicion wher this centificate hose the buriel-transit in the and Mental Hygies orked or fem-tacho JOHN BALL	GER 1	10. ACCIDENT WAS UNDERLYIN		OF INJURY .M. MONTH	DAY YEAR	21c HOW IN	NJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)		
BA BA	ZAL CAL	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OI DEATH	.M.	19							
HYS HYS	MEDICAL	Id. INJURY OCCURRED		OF INJURY	CC C.D., CTC.)	211 LOCATIO	ON	CITY	OR TOWN	COUNTY	STATE	
DIVISIO		WHILE NOT WHILE]	REET, FACTORY, OFFI	CE, FARM, ETC	SINCE						
or or see of the or months of the or		20.1 certify that (I) (this	hospital) attended th	ne deceased fro	m Sept	17	19.48	10 July/	3	198/	that (I) (we) last	
TTEN Pirtola for use of H		sow the deceased all above, (1) (we) (did) (c	ve an July	9 19	9 8/, or	d that in (my)	(our) opinion d	eath accurred on t	he date and ho	ur and from the	couses stated	
R A hos hos hed hed hed tept.	1	2b. SIGNATURE	// —T	oner deam.	- C*	DEGREE				22c. DATE	SIGNED	
the half or the half or the ball or the Depth of the Dept		Clary	A. H. In	num -	- 6	17)	ATTENDING PHYSICIAN P	MEDICAL DIRECTOR PH	STAFF	July	16 1901	
TO HOSPITAL		24 PHYSICIAN'S NAME	TYPE OR PRINT)	wwit		The ADDRES				- /	1-110,	
HOSE FUN FUN Puld b		Apparl	H /RDI	The Lan		8915	Georgia	a Ave c	Silver &	ring maj.	20910	
	23a. BL	RIAL, CREMATION, REM	OVAL 23b. DATE	1 2	3c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION			7.0	
5 9 BP ==		BURIAL	JULY 1		B'NAI			OXON	FILL	P.G.	MD.	
	24 FUN	NERAL DIRECTOR	1555.	, , , ,				EC 2 BY REPSET		TRAISMITTER	desilen	
DHMH-16 30M 2/80 (VRA 15, 4)	DAN	IZANSKY-GOLD	BERG CHAPE	IS TIT	O ROCK	ILLE P	IKE	F % 7 100		0		



316 East Diamond Ave, Gaithersburg, Md.

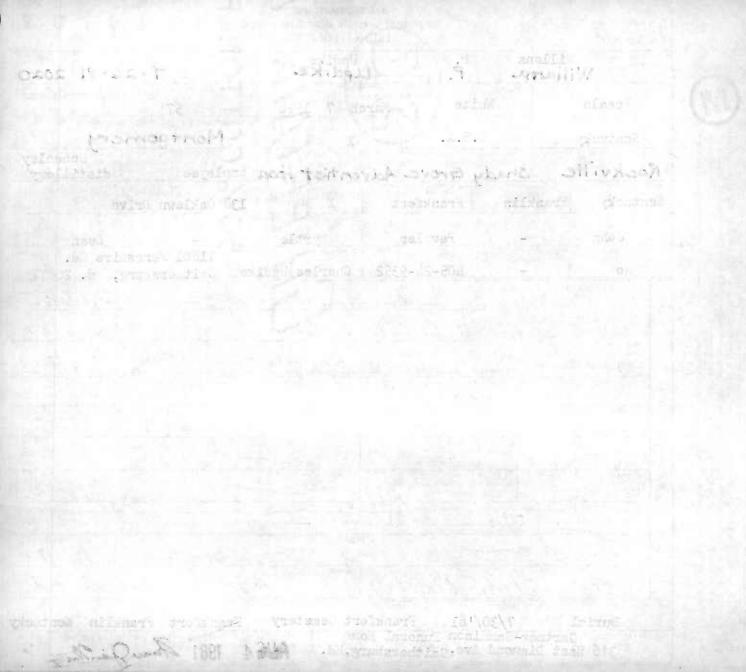
FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SAN CHOMO BURG RISET. The second of amount Employed Technic Banching - Smile J. - 11-79 CAROW HE 16. Corps KELLAND INSTERNATION OF CHANGE THE SILVER

		COO HOMO 1/2016	170			
	1.	FOR Home 7/20/8 STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO	1910:
5		CEASED NAME FIRST	MIDDLE	Van Alspyne Alstyne	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
er deat	3 SE	× John	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	0,100
rs aft		Male	Cauc.	Feb. 5, 1938	43	YRS.
A		New York	T.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Mont a	R COUNTY OF DEATH
W	10 C	3 1. '11	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Project	DN 126 KIND OF BUSINESS (WORKING LIFE) INIDUSTRY
Selan Sol	130.	AL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUNTY	TY 13c CITY OR TO		13. STREET ADDRESS	manager compare
18 1X	_	aryland Montgo			19333 Dunbr	idge Way
1961	IK. F.	THER'S NAME FIRST A	Van Al		Evalina	Blance
pa J		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	ADORE	%1 Box 901
10 E		No	111-30-9	Joyce Hamlin	(Sister) Pho	enix, New York
the state of		gove rise to immediate				
peen signed by Then pleas for to burial er any injury, dr	TION			D DEATH BUT NOT RELATED TO THE TERM		
permit. Then permit. Then prior to be shows any in	TIFICATION	underlying cause lost	ONDITIONS CONTRIBUTING TO		100 AUTOPSY?	DITION GIVEN IN PART I (o) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
it permit. Then ygiene prior to tall shows any in	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH	D DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 21c HOW INJURY OCCUR	200 AUTOPSY? YES NOXX	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
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DIRECTOR: After this certificate has been signed for use as the burial-transit permit. Then Dept. of Health and Mental Hygiene prior to If Item 21 is marked or Item 18 shows any in		UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OCCONTRIBUTING CAUSE OF DEAT (IF EITHER, NOT IFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICE 116. TIME OF INJURY HOUR A.M. MONTH (P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 01) oftended the deceosed from	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET Jond that in (my) (out opinion) DEGREE ATTENDING	200 AUTOPSY? YES NOTE NOTE OF THE PROPERTY OF INJURY CITY OR TOW death occurred on the do	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE MILE AND THE MILE
AAL DIRECTOR: After this certificate has been sit seached for use as the burial-transit permit. Then iste Dept. of Health and Mental Hygiene prior to I NT: If Item 21 is marked or Item 18 shows any in		UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (WE EITHER, NOT HEY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I Certify that (1) (1ths frospire sow the deceased olive on obove, (1) (No.) On 14 did not 220. SIGNATURE 220. PHYSICIAN'S NAME WEED 220. PHYSICIAN'S NAME WEED 221. PHYSICIAN'S NAME WEED 221. PHYSICIAN'S NAME WEED 222. PHYSICIAN'S NAME WEED 223. PHYSICIAN'S NAME WEED 224. PHYSICIAN'S NAME WEED 224. PHYSICIAN'S NAME WEED 226. PHYSICIAN'S NAME WEED 226. PHYSICIAN'S NAME WEED 227. PHYSICIAN'S NAME WEED 227. PHYSICIAN'S NAME WEED 228. PHYSICIAN'S NAME WEED 228. PHYSICIAN'S NAME WEED 229. PHYSICIAN'S NAME WEED 229. PHYSICIAN'S NAME WEED 220. PHYSICIAN'S NAME WEE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OI) oftended the deceased from 12 19	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET 217 LOCATION STREET 218 ADDRESS	200 AUTOPSY? YES NOTE NOTE NOTE CITY OF TOW death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE MILE AND THE MILE
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			1 DE	CEASED NAME FIRST	MIDDLE	-	TEATE OF PEATH	REG. NO		
	e ω €			OR PRINTS	and the same of th	111	NTDINE	20 DATE OF DEATH	MONTH DAY YEA	26 HOUR A
	oy b				E OLGA	VE	NTRONE		1158	1/2 M
	ğ 3	1	3. SE	X	4 RACE	5. DATE (6. AGE IN YEARS LAST BIR	THDAY) IF UNDER LY	
	oge and			emale	White	July	15, 1905	76	YRS	
	2 of P.	8000		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO		D T NEVER MARRIED		R COUNTY OF DEATH	
	Jeor Jeor	35		irginia	U.S.A.	WIDOWI		MONT	TGOMER	4 MD.
-	he f	P	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATI		D OF BUSINESS OR
201	by the	10		BETHESDA	SUBUI	. ,	Hospital	Saleswoma		othing
213	ad in	910	USU 13a	AL RESIDENCE (IF NURSING TOME OF		OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
NN	fille fulle	E/	90			hington, DO			ecticut Av	enue
KYE,	of thur stely 2 sh	nine.	14 FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	TOOULCUO NV	
WA.	aldm ond	10				TASI	FIRST	unknown)		TAST
A.	d co	Sedicol		vas deceased ever in u.s. ar		CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
WO	Pages	25	1	NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	-12-8411	Edmund Ventro	one - Addres	S SOME DE	#13 above
ALT	ite b	the he					pamara verior	I /	b same as	ROXIMATE INTERVAL
	phys mav	/ent,		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	DBY Chrisa	uctal cary	zoma Rtbegst	in large metro	3501	2 - C
NO S	n pour re	fic e	19	1416 GIMMEDIA			1 1/1101 1217	1117	They	-3.
510	tend re co an, c	D W O	49	Conditions, if any, which	DUE TO, OR AS A CO	ONSEQUENCE OF			- A	
PR	noti	1,0		gove rise to immediate	(b)					
3	by th	othe		couse (a), stating the underlying couse last	DUE TO, OR AS A CO	ONSEQUENCE OF	4			
201	pleo priod	0		PART 2 OTHER SIGNIFICANT	(c)	TAIC TO DEATH BUT	NOT BELLIED TO THE TERM	AND THE RESERVE OF THE PARTY OF		
DIVISION OF VITAL RECORDS,	sign Then to b	ליטוני	N O	PART 2 OTHER SIGNIFICANT	ful monas		eme adi	anal disease or cont	DITION GIVEN IN PART	IIa
O	beer mit.	Ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	IDINGS USED
R	hos per	3	IFIC		THE VALUE OF			YES TI NOT	IN CERTIFYING CAUS	SES OF DEATH?
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70	phy phy pl-tre tol H	E		OR CONTRIBUTING CAUSE OF DEA				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The state of the s	.,
NO	ding ding ding Men	<u>ة</u>	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJUR	19	211 LOCATION			
/ISI	the the	ed	ME	WHILE NOT WHILE	(AT HOME STREET FACTO		STREET	CITY OR TO	wn COUNTY	STATE
6	Afre of the	mor		220.1 certify that (I) (this haspi	And the second second	11 14	Last 10 19	-,	0	
	He Se H	50		saw the deceased alive an			nd mot in (my) (our) apinion	depth accurred as the de	19.87	_, that (I) (we) lost
	AT SECT SECT SECT SECT SECT SECT SECT SEC	m 2	26	obove, (1) (we) (did) (did no 22b. SIGNATURE	t; view the body offer dea	th.	DEGREE	death accorded on the do		
	he h	#		THE STOTIATORE	6 do 11 x	10 to 30	ATTENDING	MEDICAL STAF	F -	ATE SIGNED
	by the ERAI	ž	T, E	22d. PHYSICIAN'S NAME (TYPE O	y a wil	1.00/2	· · · · · · · · · · · · · · · · · · ·	DIRECTOR PHYSIC	IAN 🗌	15-01
9	FUNE FUNE old be	DRT.		/		Jan 20	220 ADDRESS	SON LANE	DEDUST	Am O.A
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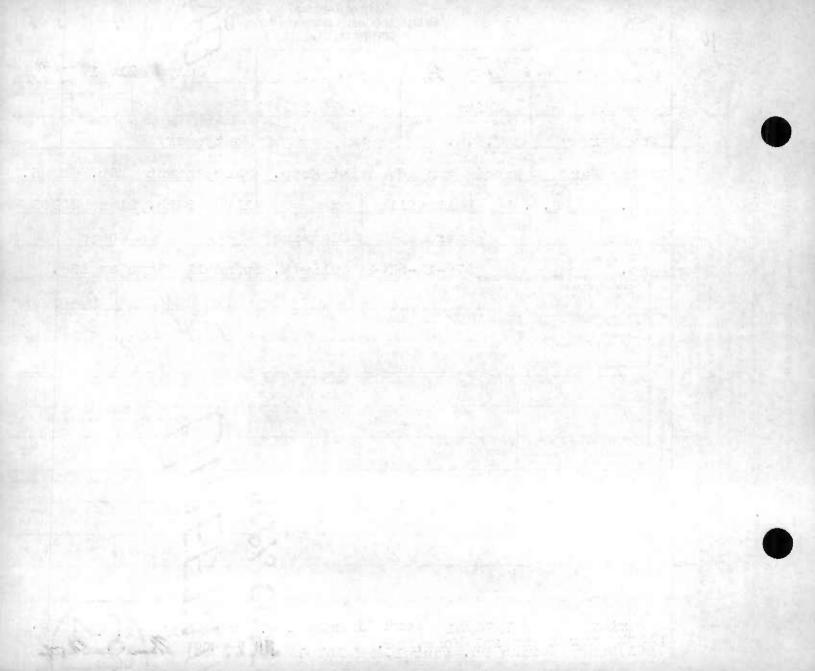
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ME. P.	La Talleton			af the remains described above, held a	n Autopsy , Inspe	ection X, Inquiry 5	and in my ap	inion	1117
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STATE OF MARYLAND



Bethesda, Maryland

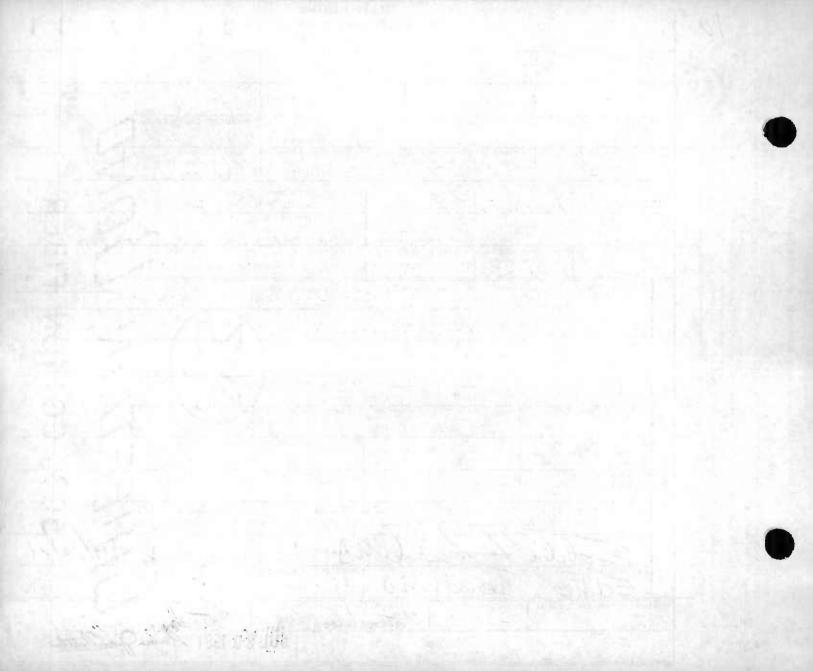
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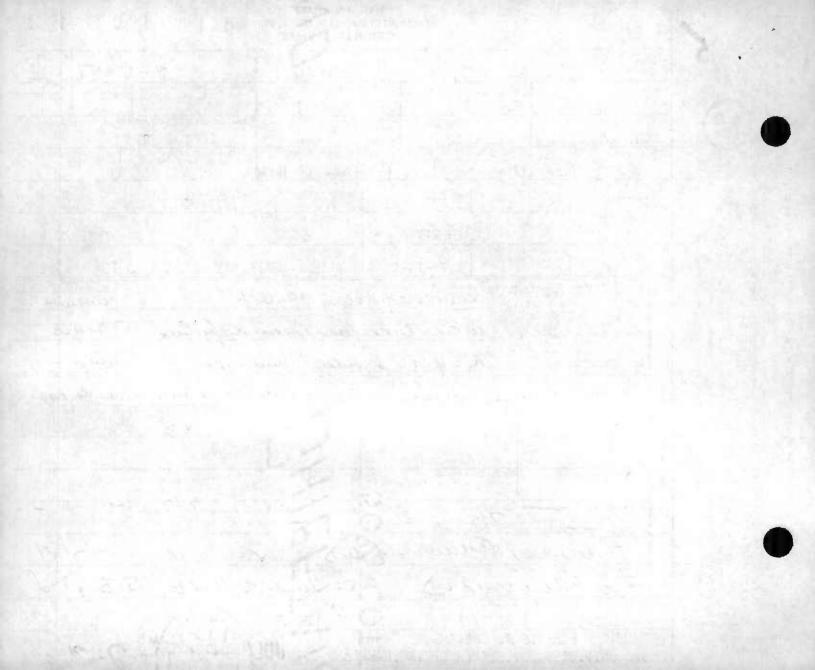
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STATE OF MARYLAND

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	0.5		OR PRINT) WILL:	MIDDLE TO THE TEXT OF THE TEXT	LAST CHICAGO	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	oy be				VASHINGTON	July 13,	11/2
	6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1.5E	Male	Negro Negro	August 1923	6. AGE (IN YEARS LAST BIRTHDAY) 57 YRS.	MONTHS DATS HOURS MIN.
	neath. Po	70.81	RTHPLACE (STATE OR FOREIGN GUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	TY OF DEATH
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ORE, A	ind con		VAS DECETASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	- July C
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	vires that the death certi- igned by the attending is en please remove corbon burial, cremation, or ret ury, or atter traumatic ev	Z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) Diffuse DUE TO, OR AS A CONSEQUE (c)	histiocytic lym	phoma	2 months
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	RATTENDIN haspital ar RECTOR: Af led far use o pt. af Healtl em 21 is ma		220.1 certify that (**) (this haspi saw the deceased alive an abave (!) (we) (did) (did as	tol) attended the deceased from_	July 7 19 81 81 and that in (ay) (our) opinion	to July 13 death occurred on the date and his	aur and from the course stored
	by the by the RRAL DIII	1	27d PHYSICIAN'S NAME STYPE O	et kel		MEDICAL STAFF	7/14/81
	eterned In FUNE should be with the S		Eddie	Geedin	Clinical C	onal Institut enter, Bethes	
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death. Page	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY) Georgia	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH MD.
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AND 212	130	N/A N/A	ITY	GIVE RESIDENCE BEFORE 130 CITY OR TOW Washingt	N	YES X NO .	13e STREET ADDRESS 3133 Conn	ecticut A	ve.
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ST. BAL		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	y one cause per D BY: E CAUSE (a)		pex en	s La			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sary
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O HOSPITAL TO FUNERAL should be det with the Store		HARRY. I	PASSE					Bethesda	Md 20814
fet BP		BURIAL, CREMATION, REMOVAL SPECIFY) Cremation	July 1	AVE - 22		Crematory	23d LOCATION CITY OR TOWN Washing		D.C.
DHMH - 16 50M 7/77 (VR A 15 (4))		emaine Funeral	Homes,	ADDRESS Inc., Ale	ex. Va	LAN.	e rec'd. by registrar L 1 7 1981	A STRAR'S	SIGNATURE

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE KNOWN (TYPE OR PRINT) ESTI-John Wheelock DEATH MATED 13 19 81 Topping 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED male white DEAD 1981 2:53P Mar. 11, 1925 13 56 78 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRY) Illinois WIDOWED [DIVORCED United States Montgomery County 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED AL RECORDS, 201 W 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION officer OR INDUSTRY Bethesda Suburban Hospital Foreign Service USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 130 STREET ADDRESS | 8846 Belmart Road 136 COUNTY Potomac 13d INSIDE CITY LIMITS? Montgomery Maryland NO [VITH FORM PM 3. PAGES 1 AND 2 SH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wheelock Ella George Topping 66. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES, NO. OR UNKNOWN 360-16-2026 Yes Anne Wheelock, Same as #13 AL-TRANSIT PERMIT, PAG MENTAL HYGIENE, DIVISI N, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. CERTIFICATION BE USED N NT OF HE BURIAL, C 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO DEPARTMENT PRIOR TO BU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING 11:24AM 7/13 19 81 driver in auto/auto collision CONTRIBUTING TICAUSE OF DEATH 21e PLACE OF INJURY CATHOME 211 LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK roadway BradleyBlvd & Hollyoak Dr. Bethesda, MontCo, MD TO MEDICAL EXAMINER: TY

FRECUIT THE CERTIFICATE,

PACE A SHOULD BE FORW

TO FUNERAL DIRECTOR: PY

ATTER DEATH, WITH THE STY,

BALTIMORE, MARYLAND, 2 224 I certify that I took charge of the remains described above, held an Inspection Accident XX Homicide deoth resulted from Undetermined monner TITLE (SPECIFY) 7/14/81 ACTUAL Assistant DATE SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St. Baltimore, MD 21201 Hormez R. Guard, M.D. (TYPE OR PRINT) 236. BURIAL, CREMATION, REMOVAL 236. DATE July 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE St. Gabriel's Cem. 1981 Burial Potomac Marvland Robert A. Pumphrey Funeral DHMH - 17 Homes, P.A. Bethesda, Maryland VR A15 ME (5) 15M 2780

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DHMH - 16 50M 1/81 (VRA 15, 4)

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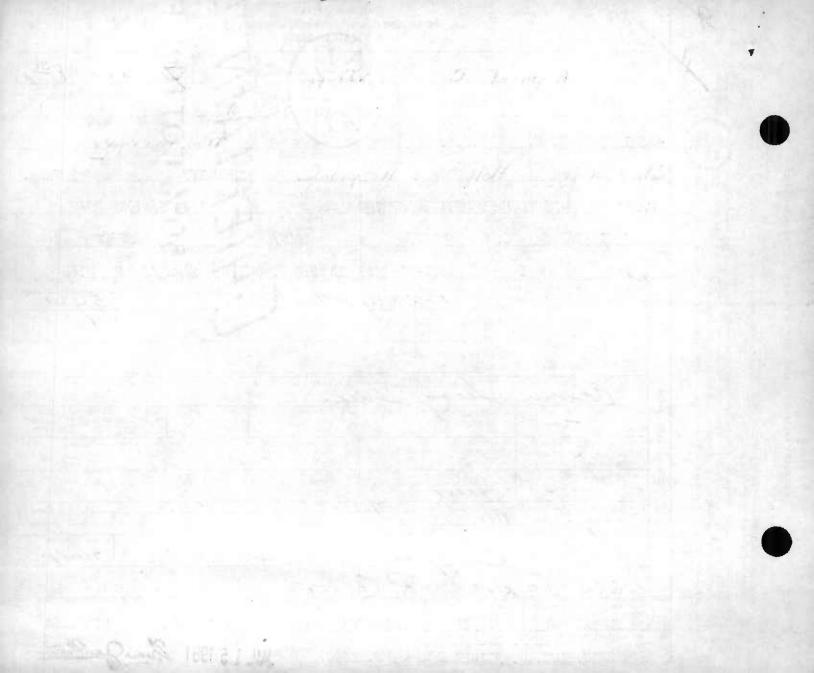
126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) & P TELE. 1506 SANFORD ROAD BASFORD SAME AS 13 WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ano SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) COUNTY STATE and that in (my) tour) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ARLINGTON NATIONAL ARLINGTON VIRGINIA BURTAI 24 FUNERAL DIRECT FRANCIS J. COLLINS 500 UNIV BIVD W. STIVER SPRING MD. 20901

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

IF UNDER I YEAR



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1	FOR STATE REGISTRAR	DEP				191	1 6
		F LOUIS					26 HOUR
3 SE	1	RACE	5. DATE C			HDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
7a B			TRY? 8	19 16		YRS COUNTY OF DEATH	
			WIDOWE	DIVORCED [MD.
		NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120 USUAL OCCUPATIO	ON 126. KIND WORKING LIFE) INDUSTRY	
USU	AL RESIDENCE HE NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION			Bur. o	of Eng&Prto
100	ishoc			YES X NO .		lace, N.W.	
14 F		DDLE LAST		15. MOTHER'S MAIDEN NA	ME		AST
14.	William			Unknown	ADDRES		
	YES NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)			138	D1 Castle 8	llvd. #33
-				Suaron wirst	Sil	ver Spring.	Md.
	PART I. DEATH WAS CAUSED	BY.			m > 0	2	NONSET AND DEATH
	IMMEDIATE			02 50	10(2	21	2 13-15
	Canditians if now which	DUE TO, OR AS A CONS	EQUENCE OF				
	gave rise to immediate	(b)					
	underlying cause lost		EQUENCE OF				
N	PART 2. OTHER SIGNIFICANT CO		TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART I	10
TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c HOW INJURY OCCUR			
CAL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19				
VEDI	21d INJURY OCCURRED	21e PLACE OF INJURY	FICE FARM FIC I	211 LOCATION STREET	CITY OR TOW	n COUNTY	STATE
~	AT WORK AT WORK						
		I) attended the deceased fr	Sec. 4	W/V/ 19 8	, to	118 19 8	, that (we) last
	obove, (1) (we) (did) (did not)	view the body ofter death.	19, or	d that in (my) (aur) apinian	death occurred on the dat	e and hour and from the	e causes stated
	226. SIGNATURE	0			UEDICH CTUE		E SIGNED
	Melle	wire.	2.3	PHYSICIAN &			19/5/
	22d. PHISICIAN'S NAME (TYPE OR P	PRINT)	C. TR				1
	MIRKLAWS!	C. DRACE		1600 Car	weeze Aus	AKoup	Trey
23a I	BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	Burial	7/23/81	Marylar			ince George	s, Md.
	NAME	ADDR	ESS 7400 G	eorgia Ave.	1 2 7 1001 P		TURE
M	cGuire Funeral S	er. Inc. Wa	sh., DC	20012	- 1001 4	came fant	hillen
	1. DE (1179) 3. SE 70. 8 WEDICAL CERTIFICATION 10. C. T.	1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3 SEX 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, DC 10. CITY OR TOWN OF DEATH Takoma Park USUAL RESIDENCE (IF NURSING HOME OR OR 130 STATE William 16a WAS DECEASED EVER IN U.S. ARM (YES, NO OF UNKNOWN) 18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE Conditions, if only, which gove rise to immediate couse iol, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COUNTRY IN THE COUN	TO STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 3 SEX 4 RACE B 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, DC United States 10. CITY OR TOWN OF DEATH TAKOMA PARK Washington USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, ONE RESIDENCE TAKOMAN PRINT) Washington USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, ONE RESIDENCE TAKOMAN PRINT) Washington USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, ONE RESIDENCE TAKOMAN PRINT) Washington USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, ONE RESIDENCE TAKOMAN PRINT) Washington USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, ONE RESIDENCE TAKOMAN STATE TO THE PRINT) Washington Washington USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, ONE RESIDENCE TAKOMAN STATE TO THE PRINT) Washington Washin Washington Washington Washington Washington Washington Was	TO STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 3. SEX 4. RACE 5. DATEC MONTH 10. CITYER OR PRINT) Washington, DC 10. CITY OR TOWN OF DEATH TAKE MOTHER HOSPITAL, NURSING HOME OR OTHER HOSTITUTION OF PERSONS ON ITS AUGUST OF MAN AND ITS AUGUST OF AUGUST OF MAN AND ITS AUGUST OF MAN AND ITS AUGUST OF MAN AND IT	Table Certificate of Death Certificate of Death Certificate of Death	FOR STATE STATE	DEPARTMENT OF HEALTH AND MENTAL HYGINE 8 I STATE OF DEATH REG NO. I DATE OF NAME (IT YELD (AND INCIDENT) REG NO. I DATE OF NAME (IT YELD (AND INCIDENT) REG NO. I DATE OF ORDER THE ADDRESS OF NAME REG NO. I DATE OF NAME (IT YELD (AND INCIDENT) REG NO. I DATE OF ORDER THOM. I DATE



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STATE OF MARYLAND

į	1 -	STATE REGISTRAR			DEPARIM		ICATE OF DEATH		. NO.				З.,
		EASED NAME 7	FIRST		AIDDLE U	IRS	1 G -	7-19-	- 81	DAY	YEAR	26. HOU	NA N
١	3. SEX		1	RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDE	R I YEAR	IF UNDER	R 24 HRS
١		MALE		CAUCA	SIAN	FEE	21, 1904	77	YRS	MOINTHS	DATS	HOURS	Wild
١		THPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED -	9. BALTIMORE CIT	Y OR COUN	Y OF DE	ATH		
		VEBRASKA		u.s.	Α.	WIDOWE		MONT	GOMERY				WE
	-	Y OR TOWN OF DEATON	ATH 11	HAME OF P	HOSPITAL, NURSING HFACILITY, GIVE STREET A CARE NURS	GHOME C DDRESS) ING H	OR OTHER INSTITUTION	17a. USUAL OCCUP (TYPE OF WORK FOR MO RET IRE		LIFE) 12b.	KIND O USTRY RINE	F BUSINE	
	13a. S1	L RESIDENCE (IF NURS LATE MARYLAND	13b COUNTY		GIVE RESIDENCE BEFORE 134. CITY OF TOWN STLVER SP		13d. INSIDE CITY LIMITS?	13e STREET ADDRE 15320 PI	ss NE ORC	HARD	DRI	VE	
1	14 FA1	HER'S NAME	MID	DIE	LAST		15. MOTHER'S MAIDEN NA.	ME	E		LAS	1	
		JOHN			WIRSIG		MARY			COL	EMÁÑ		
		AS DECEASED EVER (S. NO OR UNKNOWN) YES	1927-1	AR OR DATES)	505-52-1		ANNA R.WIRS		E AS 1	3	WI	FE	3
		PART I. DEATH W Government of the course (a), static underlying cause	/AS CAUSED E IMMEDIATE (, which mediate ng the	DUE TO, OF	R AS A CONSEQUE	myr Sell	whee wa	reglas co	de saa	20	LM 7	MATE INTER	DEATR
							NOT RELATED TO THE TERM						
	CERTIFICATION	90 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE TIFYING O YES			TH?
		21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM TE	3, PART 3 OR	PART 7}		
	MEDICAL	21d INJURY OCCUR	HILE C	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY OFFICE, FA	RM, ETC)	211. LOCATION STREET	CITYO	RTOWN	co	UNTY	S	STATE
		22a 1 certify that (1) sow the decease above, (1) (we) (ed alive an	Ju	19 9	3/	nd that in (my) (see) opinion	death occurred on th	e date and hi	our and fi	/	that (1) (* couses sta	
		77% SIGNATURE	10	91	for	hu	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF (SICIAN []	22	DATE	SIGNED	81
Ì	100	22d PHYSICIAN'S N	AME (TYPE OR PE	RINT)	/ //		22e ADDRESS	411000				1.	

DHMH-16 30M 2/80 (VRA 15, 4)

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230. BURIAL, CREMATION, REMOVAL (SPECIFY)

7/22/81

231. NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL

23d. LOCATION

24 FUNERAL DIRECTOR FRANCIS J. COLLINS ADDRESS 500 UNTV BLUD W. STIVER SPRING. MD. 20901

23b. DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	death. Page

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE

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	REGISTRAR	CERTIF	CERTIFICATE OF DEATH).					
	1 DECEASED NAME FIRST	MIDDLE	U	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HO		
	(TYPE OR PRINT) Svend				J	uly	24	1981	I2	Noon	
9	3 SEX 4 RACE		5 DATE O		6. AGE INYLAR THE BIR	THDAY)	IF UND	ER I YEAR	IF UNDE		
	Male White		No	v. 29. 1908	72	YRS	MONTHS	DAYS	HOURS	MIN	
-	70. BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY?		TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
1	Denmark US		WIDOWE		Montgomery						
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			12b. KIND OF BUSINESS OR INDUSTRY			
	Chevy Chase	7707 Meadow	Lane		Engineer			C&P Telephone			
2	Md. 136 COUN	Md. Montgomery Chevy C			13d INSIDE CITY LIMITS? 13e STREET ADDRESS						
9	14 FATHER'S NAME FIRST Jens	Peter Yo.		15. MOTHER'S MAIDEN N. Agnes	AME			Hogh			
	160 WAS DECEASED EVER IN U.S. AR	E WAR OR DATES	SECURITY NO.	17. INFORMANT	ADDRI						
	(YES, NOOR UNKNOWN) (IF YES, GIV	577-0	1-0142	Emer M. Yor	t Same as It	13	13				
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO OF AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS ODE ATH BUT IN CITY RELATED TO THE RELAT									
/	00 000 1100 1100 1100 0000	218 ACCIDENT WAS UNDERLYING 2 218. TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.			RRED (ENTER NATURE OF INJU		PART OF	PART 2)	NO [
	OK CONTINENTING CAUSE OF DEA	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OF	FICE FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	cc	YTHUC		STATE	
	17 I certify that (1) this hospital argued the faccored from the course of the decreased argued and the faccored argued and the faccored argued and the faccored argued argued and four and from the course of the faccored argued								ouses st	toted	
	22d, PHYSICIAN'S NAME (TYPE O	22d, PHYSIZIAN'S NAME (TYPE OR WINNIN)			DEGREE ATTENDING MEDICAL STAFF PHISICIAN DIRECTOR PHYSICIAN 7/24/83						
	Alexander L. Russell, M.D.				St. N.W. Wa	sh.,	DC	200	010		
	230 BURIAL, CREMATION, REMOVAL (SPECIE Burial	7/27/81	Columbi	emetery or crematory a Gardens Ce	m. Arling	ton,	va.			STATE	
	74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisc. Ave. N.W. Wash., D.C. 101 JULY 3 1981 July 2 1981										
							74.4	mella	76		

The DHMH-16 50M 1/B1 (VRA 15, 4)

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